

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
MeidasTouch

ADDRESS (number and street) **644 S. Figueroa St.**
 Check if different than previously reported. (ACC) **Los Angeles** **CA** **90017**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C **C00746073** 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period / / through / /

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

Signature of Treasurer *Meiselas, Brett, Meiselas, ,* [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

MeidasTouch

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="25124.71"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="163484.63"/>	<input type="text" value="189542.13"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="188609.34"/>	<input type="text" value="189542.13"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6187.60"/>	<input type="text" value="7120.39"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="182421.74"/>	<input type="text" value="182421.74"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="1510.42"/>	

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)

Page 3

Write or Type Committee Name

MeidasTouch

Report Covering the Period: From: M M / D D / Y Y Y Y Y 06 / 01 / 2020 To: M M / D D / Y Y Y Y Y 06 / 30 / 2020

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	39518.87	41818.87
(ii) Unitemized	123965.76	147723.26
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	163484.63	189542.13
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	163484.63	189542.13
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	163484.63	189542.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	163484.63	189542.13

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	6037.60	6970.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6037.60	6970.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	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
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6187.60	7120.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6187.60	7120.39

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	163484.63	189542.13
34. Total Contribution Refunds (from Line 28(d))	150.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	163334.63	189392.13
36. 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
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6037.60	6970.39

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

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:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
MeidasTouch

A. Armen, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4341 Redwood Ave
 Unit 8
 City Marina Del Rey State CA Zip Code 90292-7646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 14 / 2020
Transaction ID : 1612543
 Amount of Each Receipt this Period 100.00
 Memo Item
 * Earmarked Contribution: See Below

B. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 152542.21

Date of Receipt 06 / 14 / 2020
Transaction ID : 1612543E
 Amount of Each Receipt this Period 100.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Armen, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4341 Redwood Ave
 Unit 8
 City Marina Del Rey State CA Zip Code 90292-7646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 06 / 24 / 2020
Transaction ID : 1613808
 Amount of Each Receipt this Period 100.00
 Memo Item
 * Earmarked Contribution: See Below

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2020
Transaction ID : 1613808E

Amount of Each Receipt this Period
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Armen, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 4341 Redwood Ave
Unit 8

City Marina Del Rey	State CA	Zip Code 90292-7646
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Not Employed Not Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : 1615428

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

C. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : 1615428E

Amount of Each Receipt this Period
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. Belsky, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 E 79th St
 City New York State NY Zip Code 10075-0421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Adobe Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 14 / 2020
Transaction ID : 1612339
 Amount of Each Receipt this Period 250.00
 Memo Item
 * Earmarked Contribution: See Below

B. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 152542.21

Date of Receipt 06 / 14 / 2020
Transaction ID : 1612339E
 Amount of Each Receipt this Period 250.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Berg, Barrie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2411 2nd Ave
 City San Diego State CA Zip Code 92101-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 08 / 2020
Transaction ID : 1610866
 Amount of Each Receipt this Period 500.00
 Memo Item
 * Earmarked Contribution: See Below

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 159
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2020

Transaction ID : 1610866E

Amount of Each Receipt this Period
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Bryne, Richard, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 13039 Caminito Del Rocio

City Del Mar	State CA	Zip Code 92014-3623
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2020

Transaction ID : 1615121

Amount of Each Receipt this Period
1000.00

Memo Item

* Earmarked Contribution: See Below

C. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
152542.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2020

Transaction ID : 1615121E

Amount of Each Receipt this Period
1000.00

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. Carey, Drew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10990 Wilshire Blvd
 FI 8
 City Los Angeles State CA Zip Code 90024-3918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fremantle/CBS Occupation (for Individual) TV Host
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2020
Transaction ID : 1611724
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 * Earmarked Contribution: See Below

B. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 152542.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2020
Transaction ID : 1611724E
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Cohen, Margaret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 Woodchester Dr
 City Chestnut Hill State MA Zip Code 02467-1052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2020
Transaction ID : 1613173
 Amount of Each Receipt this Period
 500.00
 Memo Item
 * Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶	5500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. ActBlue

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2020

Transaction ID : 1613173E

Amount of Each Receipt this Period
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Colkitt, Cindy, , ,

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

Mailing Address 305 W Silberhorn Rd

City Sequim	State WA	Zip Code 98382-7744
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
158.48

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2020

Transaction ID : 1610742

Amount of Each Receipt this Period
40.99

Memo Item

C. Colkitt, Cindy, , ,

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

Mailing Address 305 W Silberhorn Rd

City Sequim	State WA	Zip Code 98382-7744
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
220.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2020

Transaction ID : 1610758

Amount of Each Receipt this Period
61.98

Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.97
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. Dixit, Avinash, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 Gordon Way
 City Princeton State NJ Zip Code 08540-3956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 28 / 2020
Transaction ID : 1614277
 Amount of Each Receipt this Period 250.00
 Memo Item
 * Earmarked Contribution: See Below

B. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 152542.21

Date of Receipt 06 / 28 / 2020
Transaction ID : 1614277E
 Amount of Each Receipt this Period 250.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Donaghy, Eimear, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Crescent Dr
 City Palo Alto State CA Zip Code 94301-3105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 23 / 2020
Transaction ID : 1613681
 Amount of Each Receipt this Period 500.00
 Memo Item
 * Earmarked Contribution: See Below

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2020

Transaction ID : 1613681E

Amount of Each Receipt this Period
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Einowski, Edward, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 3150 SW Malcolm Ct

City Portland	State OR	Zip Code 97225-3552
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Not Employed Not Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2020

Transaction ID : 1613794

Amount of Each Receipt this Period
500.00

Memo Item

* Earmarked Contribution: See Below

C. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
152542.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2020

Transaction ID : 1613794E

Amount of Each Receipt this Period
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. Flickinger, Margaret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8611 Rayburn Rd
 City Bethesda State MD Zip Code 20817-3629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 27 / 2020
Transaction ID : 1614792
 Amount of Each Receipt this Period 500.00
 Memo Item
 * Earmarked Contribution: See Below

B. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 152542.21

Date of Receipt 06 / 28 / 2020
Transaction ID : 1614792E
 Amount of Each Receipt this Period 500.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Fryberger, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 4701
 City Ketchum State ID Zip Code 83340-4740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) architect
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 10 / 2020
Transaction ID : 1611862
 Amount of Each Receipt this Period 500.00
 Memo Item
 * Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
MM / DD / YYYY
06 / 10 / 2020
Transaction ID : 1611862E

Amount of Each Receipt this Period
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Gelernt, Karen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 301 E 79th St

City New York	State NY	Zip Code 10075-0951
------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Alston & Bird Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2020
Transaction ID : 1611536

Amount of Each Receipt this Period
50.00

Memo Item

* Earmarked Contribution: See Below

C. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
MM / DD / YYYY
06 / 07 / 2020
Transaction ID : 1611536E

Amount of Each Receipt this Period
50.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. Gelernt, Karen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 301 E 79th St
City New York State NY Zip Code 10075-0951
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Alston & Bird Occupation (for Individual) Attorney
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 150.00

Date of Receipt 06 / 04 / 2020
Transaction ID : 1611642
Amount of Each Receipt this Period 50.00
 Memo Item
* Earmarked Contribution: See Below

B. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146
City West Somerville State MA Zip Code 02144-0031
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 152542.21

Date of Receipt 06 / 07 / 2020
Transaction ID : 1611642E
Amount of Each Receipt this Period 50.00
 Memo Item
Note: Above Contribution earmarked through this organization.

C. Gelernt, Karen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 301 E 79th St
City New York State NY Zip Code 10075-0951
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Alston & Bird Occupation (for Individual) Attorney
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date ▼ 150.00

Date of Receipt 06 / 07 / 2020
Transaction ID : 1611799
Amount of Each Receipt this Period 50.00
 Memo Item
* Earmarked Contribution: See Below

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 159
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. ActBlue

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2020

Transaction ID : 1611799E

Amount of Each Receipt this Period
50.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Gelernt, Karen, , ,

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

Mailing Address 301 E 79th St

City New York	State NY	Zip Code 10075-0951
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Alston & Bird	Occupation (for Individual) Attorney
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2020

Transaction ID : 1613209

Amount of Each Receipt this Period
50.00

Memo Item

* Earmarked Contribution: See Below

C. ActBlue

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
152542.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2020

Transaction ID : 1613209E

Amount of Each Receipt this Period
50.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. Gelernt, Karen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 E 79th St

City New York	State NY	Zip Code 10075-0951
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Alston & Bird	Occupation (for Individual) Attorney
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2020

Transaction ID : 1614014

Amount of Each Receipt this Period
50.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2020

Transaction ID : 1614014E

Amount of Each Receipt this Period
50.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 301 E 79th St

City New York	State NY	Zip Code 10075-0951
------------------	-------------	------------------------

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

Name of Employer (for Individual) Alston & Bird	Occupation (for Individual) Attorney
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2020

Transaction ID : 1614974

Amount of Each Receipt this Period
50.00

Memo Item

* Earmarked Contribution: See Below

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. ActBlue

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2020

Transaction ID : 1614974E

Amount of Each Receipt this Period
50.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Gelernt, Karen, , ,

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

Mailing Address 301 E 79th St

City New York	State NY	Zip Code 10075-0951
------------------	-------------	------------------------

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

Name of Employer (for Individual) Alston & Bird	Occupation (for Individual) Attorney
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2020

Transaction ID : 1615249

Amount of Each Receipt this Period
50.00

Memo Item

* Earmarked Contribution: See Below

C. ActBlue

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2020

Transaction ID : 1615249E

Amount of Each Receipt this Period
50.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
MeidasTouch

A. Gomer, Adelaide, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 513 Wyckoff Rd
 City Ithaca State NY Zip Code 14850-2309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Park Foundation Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 14 / 2020
Transaction ID : 1612330
 Amount of Each Receipt this Period 1000.00
 Memo Item
 * Earmarked Contribution: See Below

B. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 152542.21

Date of Receipt 06 / 14 / 2020
Transaction ID : 1612330E
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Gore, Floyd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1300 N Poplar St
 City North Platte State NE Zip Code 69101-2358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Buddy's Electric Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 07 / 2020
Transaction ID : 1611002
 Amount of Each Receipt this Period 300.00
 Memo Item
 * Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 159
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. ActBlue

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2020

Transaction ID : 1611002E

Amount of Each Receipt this Period
300.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Handler, Sean, , ,

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

Mailing Address 3735 Albidale Dr

City Huntingdon Valley	State PA	Zip Code 19006-2815
---------------------------	-------------	------------------------

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

Name of Employer (for Individual) Kessler Topaz	Occupation (for Individual) Lawyer
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2020

Transaction ID : 1612792

Amount of Each Receipt this Period
500.00

Memo Item

* Earmarked Contribution: See Below

C. ActBlue

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
152542.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2020

Transaction ID : 1612792E

Amount of Each Receipt this Period
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. Higgins, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Andersen Dr

City Boxford	State MA	Zip Code 01921-1401
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Galatea Associates LLC	Occupation (for Individual) IT Consulting
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2020

Transaction ID : 1615337

Amount of Each Receipt this Period
500.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2020

Transaction ID : 1615337E

Amount of Each Receipt this Period
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 1636 Lucerne Ave

City Stockton	State CA	Zip Code 95203-1520
------------------	-------------	------------------------

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

Name of Employer (for Individual) George Hills	Occupation (for Individual) Subrogation Supervisor
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2020

Transaction ID : 1611671

Amount of Each Receipt this Period
50.00

Memo Item

* Earmarked Contribution: See Below

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2020
Transaction ID : 1611671E

Amount of Each Receipt this Period
50.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Hunt, Tammy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1636 Lucerne Ave

City Stockton	State CA	Zip Code 95203-1520
------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
George Hills Subrogation Supervisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2020
Transaction ID : 1612087

Amount of Each Receipt this Period
50.00

Memo Item

* Earmarked Contribution: See Below

C. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2020
Transaction ID : 1612087E

Amount of Each Receipt this Period
50.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. Hunt, Tammy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1636 Lucerne Ave
 City Stockton State CA Zip Code 95203-1520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) George Hills Occupation (for Individual) Subrogation Supervisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.24

Date of Receipt 06 / 29 / 2020
Transaction ID : 1610818
 Amount of Each Receipt this Period 82.24
 Memo Item

B. Huvane, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 Avenue Of The Stars
 City Los Angeles State CA Zip Code 90067-4700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Creative Artists Agency Occupation (for Individual) Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 29 / 2020
Transaction ID : 1615092
 Amount of Each Receipt this Period 5000.00
 Memo Item
 * Earmarked Contribution: See Below

C. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 152542.21

Date of Receipt 06 / 29 / 2020
Transaction ID : 1615092E
 Amount of Each Receipt this Period 5000.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....	5082.24
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. Inc., Teachable, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 470 Park Ave S
FI 6N

City New York State NY Zip Code 10016-6884

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

Name of Employer (for Individual) Teachable Inc Occupation (for Individual) Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2020

Transaction ID : 1610894

Amount of Each Receipt this Period
400.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

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

Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
MM / DD / YYYY
06 / 08 / 2020

Transaction ID : 1610894E

Amount of Each Receipt this Period
400.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 1521 2nd Ave
Apt 1900

City Seattle State WA Zip Code 98101-4512

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

Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2020

Transaction ID : 1611567

Amount of Each Receipt this Period
1000.00

Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
MM / DD / YYYY
06 / 07 / 2020
Transaction ID : 1611567E

Amount of Each Receipt this Period
1000.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Johnson, Carrie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 15211 175th Ave SE

City Monroe	State WA	Zip Code 98272-1021
----------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Island Contractors Supply LLC Accounting/partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2020
Transaction ID : 1612170

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

C. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
MM / DD / YYYY
06 / 14 / 2020
Transaction ID : 1612170E

Amount of Each Receipt this Period
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 159
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. Johnson, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4718 Brandywine St NW
 City Washington State DC Zip Code 20016-4450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 157.24

Date of Receipt **06 / 03 / 2020**
Transaction ID : 1610602
 Amount of Each Receipt this Period 57.24
 Memo Item

B. Johnson, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4718 Brandywine St NW
 City Washington State DC Zip Code 20016-4450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.24

Date of Receipt **06 / 01 / 2020**
Transaction ID : 1610947
 Amount of Each Receipt this Period 100.00
 Memo Item
 * Earmarked Contribution: See Below

C. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 152542.21

Date of Receipt **06 / 07 / 2020**
Transaction ID : 1610947E
 Amount of Each Receipt this Period 100.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....	157.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. Johnson, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4718 Brandywine St NW
 City Washington State DC Zip Code 20016-4450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.24

Date of Receipt **06 / 04 / 2020**
Transaction ID : 1610948
 Amount of Each Receipt this Period 50.00
 Memo Item
 * Earmarked Contribution: See Below

B. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 152542.21

Date of Receipt **06 / 07 / 2020**
Transaction ID : 1610948E
 Amount of Each Receipt this Period 50.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Kanz, Duane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2026 248th Pl SE
 City Sammamish State WA Zip Code 98075-6052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Microsoft Occupation (for Individual) Software Developer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **06 / 30 / 2020**
Transaction ID : 1615312
 Amount of Each Receipt this Period 500.00
 Memo Item
 * Earmarked Contribution: See Below

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
MM / DD / YYYY
06 / 30 / 2020
Transaction ID : 1615312E

Amount of Each Receipt this Period
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Katz, Jerome, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 21 S End Ave

City New York	State NY	Zip Code 10280-1044
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
207.24

Date of Receipt
MM / DD / YYYY
06 / 29 / 2020
Transaction ID : 1615228

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

C. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
MM / DD / YYYY
06 / 29 / 2020
Transaction ID : 1615228E

Amount of Each Receipt this Period
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. Kelley, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2116 Richland Ave
 City Lakewood State OH Zip Code 44107-6066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 06 / 10 / 2020
Transaction ID : 1612086
 Amount of Each Receipt this Period 100.00
 Memo Item
 * Earmarked Contribution: See Below

B. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 152542.21

Date of Receipt 06 / 10 / 2020
Transaction ID : 1612086E
 Amount of Each Receipt this Period 100.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Kelley, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2116 Richland Ave
 City Lakewood State OH Zip Code 44107-6066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 06 / 15 / 2020
Transaction ID : 1612726
 Amount of Each Receipt this Period 100.00
 Memo Item
 * Earmarked Contribution: See Below

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2020

Transaction ID : 1612726E

Amount of Each Receipt this Period
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Kelley, Susan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 2116 Richland Ave

City Lakewood	State OH	Zip Code 44107-6066
------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Not Employed Not Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2020

Transaction ID : 1613985

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

C. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
152542.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2020

Transaction ID : 1613985E

Amount of Each Receipt this Period
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. Knapp, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 749 Bayonne St
 City El Segundo State CA Zip Code 90245-2104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 06 / 2020**
Transaction ID : 1611679
 Amount of Each Receipt this Period 50.00
 Memo Item
 * Earmarked Contribution: See Below

B. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 152542.21

Date of Receipt **06 / 07 / 2020**
Transaction ID : 1611679E
 Amount of Each Receipt this Period 50.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Knapp, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 749 Bayonne St
 City El Segundo State CA Zip Code 90245-2104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **06 / 09 / 2020**
Transaction ID : 1612009
 Amount of Each Receipt this Period 50.00
 Memo Item
 * Earmarked Contribution: See Below

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
MeidasTouch

A. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 152542.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2020
Transaction ID : 1612009E
 Amount of Each Receipt this Period
 50.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

B. Knapp, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 749 Bayonne St
 City El Segundo State CA Zip Code 90245-2104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Not Employed Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2020
Transaction ID : 1613843
 Amount of Each Receipt this Period
 100.00
 Memo Item
 * Earmarked Contribution: See Below

C. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 152542.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2020
Transaction ID : 1613843E
 Amount of Each Receipt this Period
 100.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
MeidasTouch

A. Knapp, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 749 Bayonne St
 City El Segundo State CA Zip Code 90245-2104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt 06 / 28 / 2020
Transaction ID : 1614126
 Amount of Each Receipt this Period 20.00
 Memo Item
 * Earmarked Contribution: See Below

B. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 152542.21

Date of Receipt 06 / 28 / 2020
Transaction ID : 1614126E
 Amount of Each Receipt this Period 20.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Lennon, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Carman Dr Unit 24
 City Lake Oswego State OR Zip Code 97035-2401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Finance of America Occupation (for Individual) underwriter
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 24 / 2020
Transaction ID : 1613754
 Amount of Each Receipt this Period 500.00
 Memo Item
 * Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....	520.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 159
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
MeidasTouch

A. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2020

Transaction ID : 1613754E

Amount of Each Receipt this Period
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. McBride-Martin, Parris P, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 10990 Wilshire Blvd
FI 8

City Los Angeles	State CA	Zip Code 90024-3918
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Fevre River Packet Co.	Occupation (for Individual) Personal Assistant
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2020

Transaction ID : 1613748

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

C. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
152542.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2020

Transaction ID : 1613748E

Amount of Each Receipt this Period
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
MeidasTouch

A. Meyer, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 Andrews Ave
 City Wheatley Heights State NY Zip Code 11798-2333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 08 / 2020
Transaction ID : 1610921
 Amount of Each Receipt this Period 1000.00
 Memo Item
 * Earmarked Contribution: See Below

B. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 152542.21

Date of Receipt 06 / 08 / 2020
Transaction ID : 1610921E
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Moehle, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3133 Alexis Pl
 City Castro Valley State CA Zip Code 94546-1940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2020
Transaction ID : 1615269
 Amount of Each Receipt this Period 250.00
 Memo Item
 * Earmarked Contribution: See Below

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
MeidasTouch

A. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) _____ Occupation (for Individual) _____
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
MM / DD / YYYY
06 / 30 / 2020
Transaction ID : 1615269E

Amount of Each Receipt this Period
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Newell, Gary, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 12050 Summer Meadow Ln

City Reston	State VA	Zip Code 20194-2740
----------------	-------------	------------------------

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

Name of Employer (for Individual) Jennings Strouss & Salmon PLC Occupation (for Individual) Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2020
Transaction ID : 1615239

Amount of Each Receipt this Period
500.00

Memo Item

* Earmarked Contribution: See Below

C. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) _____ Occupation (for Individual) _____
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
MM / DD / YYYY
06 / 29 / 2020
Transaction ID : 1615239E

Amount of Each Receipt this Period
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. Northcutt, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2915 Ebbtide Rd
 City Corona Del Mar State CA Zip Code 92625-1405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 07 / 2020
Transaction ID : 1611777
 Amount of Each Receipt this Period 1000.00
 Memo Item
 * Earmarked Contribution: See Below

B. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 152542.21

Date of Receipt 06 / 07 / 2020
Transaction ID : 1611777E
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Pinney, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3802 SE Rivercrest Ave
 City Vancouver State WA Zip Code 98683-5303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 06 / 03 / 2020
Transaction ID : 1611076
 Amount of Each Receipt this Period 50.00
 Memo Item
 * Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 159
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2020

Transaction ID : 1611076E

Amount of Each Receipt this Period
50.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Pinney, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 3802 SE Rivercrest Ave

City Vancouver	State WA	Zip Code 98683-5303
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2020

Transaction ID : 1611077

Amount of Each Receipt this Period
50.00

Memo Item

* Earmarked Contribution: See Below

C. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
152542.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2020

Transaction ID : 1611077E

Amount of Each Receipt this Period
50.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. Pinney, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 3802 SE Rivercrest Ave
City Vancouver State WA Zip Code 98683-5303
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 11 / 2020
Transaction ID : 1612175
Amount of Each Receipt this Period 50.00
 Memo Item
* Earmarked Contribution: See Below

B. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146
City West Somerville State MA Zip Code 02144-0031
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 152542.21

Date of Receipt 06 / 14 / 2020
Transaction ID : 1612175E
Amount of Each Receipt this Period 50.00
 Memo Item
Note: Above Contribution earmarked through this organization.

C. Pinney, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 3802 SE Rivercrest Ave
City Vancouver State WA Zip Code 98683-5303
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 14 / 2020
Transaction ID : 1612176
Amount of Each Receipt this Period 50.00
 Memo Item
* Earmarked Contribution: See Below

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2020

Transaction ID : 1612176E

Amount of Each Receipt this Period
50.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Pinney, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 3802 SE Rivercrest Ave

City Vancouver	State WA	Zip Code 98683-5303
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2020

Transaction ID : 1612911

Amount of Each Receipt this Period
50.00

Memo Item

* Earmarked Contribution: See Below

C. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
152542.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2020

Transaction ID : 1612911E

Amount of Each Receipt this Period
50.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. Pinney, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 3802 SE Rivercrest Ave
City Vancouver State WA Zip Code 98683-5303
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 21 / 2020
Transaction ID : 1612912
Amount of Each Receipt this Period 50.00
 Memo Item
* Earmarked Contribution: See Below

B. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146
City West Somerville State MA Zip Code 02144-0031
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 152542.21

Date of Receipt 06 / 21 / 2020
Transaction ID : 1612912E
Amount of Each Receipt this Period 50.00
 Memo Item
Note: Above Contribution earmarked through this organization.

C. Pinney, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 3802 SE Rivercrest Ave
City Vancouver State WA Zip Code 98683-5303
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00

Date of Receipt 06 / 26 / 2020
Transaction ID : 1614215
Amount of Each Receipt this Period 50.00
 Memo Item
* Earmarked Contribution: See Below

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 159
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
MeidasTouch

A. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2020

Transaction ID : 1614215E

Amount of Each Receipt this Period
50.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Pinney, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 3802 SE Rivercrest Ave

City Vancouver	State WA	Zip Code 98683-5303
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2020

Transaction ID : 1614216

Amount of Each Receipt this Period
10.00

Memo Item

* Earmarked Contribution: See Below

C. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
152542.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2020

Transaction ID : 1614216E

Amount of Each Receipt this Period
10.00

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....	10.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. Richards, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5050 Grazing Hill Rd
 City Latrobe State CA Zip Code 95682-8034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sun Ridge Systems Inc. Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **06 / 23 / 2020**
Transaction ID : 1613574
 Amount of Each Receipt this Period 500.00
 Memo Item
 * Earmarked Contribution: See Below

B. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 152542.21

Date of Receipt **06 / 23 / 2020**
Transaction ID : 1613574E
 Amount of Each Receipt this Period 500.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Richardson, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 Bement Ave
 City Staten Island State NY Zip Code 10310-1500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 70.00

Date of Receipt **06 / 11 / 2020**
Transaction ID : 1612355
 Amount of Each Receipt this Period 50.00
 Memo Item
 * Earmarked Contribution: See Below

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
MM / DD / YYYY
06 / 14 / 2020
Transaction ID : 1612355E

Amount of Each Receipt this Period
50.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Richardson, Eric, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 160 Bement Ave

City Staten Island	State NY	Zip Code 10310-1500
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Not Employed Not Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
170.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2020
Transaction ID : 1613292

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

C. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
MM / DD / YYYY
06 / 21 / 2020
Transaction ID : 1613292E

Amount of Each Receipt this Period
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
MeidasTouch

A. Richardson, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 Bement Ave
 City Staten Island State NY Zip Code 10310-1500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.23

Date of Receipt 06 / 27 / 2020
Transaction ID : 1610769
 Amount of Each Receipt this Period 79.23
 Memo Item

B. Richardson, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 Bement Ave
 City Staten Island State NY Zip Code 10310-1500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 274.23

Date of Receipt 06 / 30 / 2020
Transaction ID : 1615486
 Amount of Each Receipt this Period 25.00
 Memo Item
 * Earmarked Contribution: See Below

C. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 152542.21

Date of Receipt 06 / 30 / 2020
Transaction ID : 1615486E
 Amount of Each Receipt this Period 25.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶	104.23
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 159
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. Royal, Hans, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3120 Pearl Pkwy
 City Boulder State CO Zip Code 80301-2479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Renewable Choice Energy Inc. Occupation (for Individual) Director Business Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 14 / 2020
Transaction ID : 1612136
 Amount of Each Receipt this Period 500.00
 Memo Item
 * Earmarked Contribution: See Below

B. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 152542.21

Date of Receipt 06 / 14 / 2020
Transaction ID : 1612136E
 Amount of Each Receipt this Period 500.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Sack, Joshua, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 411 Los Santos Dr
 City Bodega Bay State CA Zip Code 94923-9766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 19 / 2020
Transaction ID : 1612896
 Amount of Each Receipt this Period 1000.00
 Memo Item
 * Earmarked Contribution: See Below

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
MM / DD / YYYY
06 / 21 / 2020
Transaction ID : 1612896E

Amount of Each Receipt this Period
1000.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Sapp, Austin, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 302 NE 45th St

City Oak Island	State NC	Zip Code 28465-5331
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Not Employed Not Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2020
Transaction ID : 1612631

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

C. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
MM / DD / YYYY
06 / 17 / 2020
Transaction ID : 1612631E

Amount of Each Receipt this Period
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. Scally, Alexis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Latourelle Ln
 City Pittsburgh State PA Zip Code 15215-1829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 12 / 2020
Transaction ID : 1612162
 Amount of Each Receipt this Period 500.00
 Memo Item
 * Earmarked Contribution: See Below

B. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 152542.21

Date of Receipt 06 / 14 / 2020
Transaction ID : 1612162E
 Amount of Each Receipt this Period 500.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Schorr, Gail, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17871 Litten Dr
 City Boca Raton State FL Zip Code 33498-6439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 06 / 07 / 2020
Transaction ID : 1611281
 Amount of Each Receipt this Period 100.00
 Memo Item
 * Earmarked Contribution: See Below

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
MM / DD / YYYY
06 / 07 / 2020
Transaction ID : 1611281E

Amount of Each Receipt this Period
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Schorr, Gail, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 17871 Litten Dr

City Boca Raton	State FL	Zip Code 33498-6439
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2020
Transaction ID : 1612288

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

C. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
MM / DD / YYYY
06 / 14 / 2020
Transaction ID : 1612288E

Amount of Each Receipt this Period
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. Schorr, Gail, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17871 Litten Dr
 City Boca Raton State FL Zip Code 33498-6439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 28 / 2020
Transaction ID : 1614430
 Amount of Each Receipt this Period 50.00
 Memo Item
 * Earmarked Contribution: See Below

B. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 152542.21

Date of Receipt 06 / 28 / 2020
Transaction ID : 1614430E
 Amount of Each Receipt this Period 50.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Schwartz, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 Tilden St NW Apt 201
 City Washington State DC Zip Code 20008-3071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Business
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 27 / 2020
Transaction ID : 1614062
 Amount of Each Receipt this Period 500.00
 Memo Item
 * Earmarked Contribution: See Below

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
MM / DD / YYYY
06 / 28 / 2020
Transaction ID : 1614062E

Amount of Each Receipt this Period
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Serrano, Carmen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 14140 Betsy Ross Ln

City Centreville	State VA	Zip Code 20121-2660
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
VImg Managing paralegal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2020
Transaction ID : 1612996

Amount of Each Receipt this Period
50.00

Memo Item

* Earmarked Contribution: See Below

C. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
MM / DD / YYYY
06 / 21 / 2020
Transaction ID : 1612996E

Amount of Each Receipt this Period
50.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. Serrano, Carmen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14140 Betsy Ross Ln

City Centreville	State VA	Zip Code 20121-2660
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Vlmg	Occupation (for Individual) Managing paralegal
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
246.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2020

Transaction ID : 1610789

Amount of Each Receipt this Period
21.99

Memo Item

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

Mailing Address 14140 Betsy Ross Ln

City Centreville	State VA	Zip Code 20121-2660
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Vlmg	Occupation (for Individual) Managing paralegal
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
246.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2020

Transaction ID : 1614317

Amount of Each Receipt this Period
25.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
152542.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2020

Transaction ID : 1614317E

Amount of Each Receipt this Period
25.00

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....	46.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. Serrano, Carmen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14140 Betsy Ross Ln

City Centreville	State VA	Zip Code 20121-2660
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Vimg	Occupation (for Individual) Managing paralegal
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
246.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2020

Transaction ID : 1614318

Amount of Each Receipt this Period
150.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2020

Transaction ID : 1614318E

Amount of Each Receipt this Period
150.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 14140 Betsy Ross Ln

City Centreville	State VA	Zip Code 20121-2660
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Vimg	Occupation (for Individual) Managing paralegal
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
296.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2020

Transaction ID : 1615108

Amount of Each Receipt this Period
50.00

Memo Item

* Earmarked Contribution: See Below

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2020
Transaction ID : 1615108E

Amount of Each Receipt this Period
50.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Serrano, Carmen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 14140 Betsy Ross Ln

City Centreville	State VA	Zip Code 20121-2660
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Vlmg Managing paralegal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
396.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : 1615345

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

C. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : 1615345E

Amount of Each Receipt this Period
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. Shah, Rushin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 912 Hunter Ln
 City Fremont State CA Zip Code 94539-6034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Google Occupation (for Individual) Engineering Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 24 / 2020
Transaction ID : 1613753
 Amount of Each Receipt this Period 500.00
 Memo Item
 * Earmarked Contribution: See Below

B. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 152542.21

Date of Receipt 06 / 25 / 2020
Transaction ID : 1613753E
 Amount of Each Receipt this Period 500.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Silberman, Claire, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 360 Furman St Apt 1216
 City Brooklyn State NY Zip Code 11201-4579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 20 / 2020
Transaction ID : 1613273
 Amount of Each Receipt this Period 250.00
 Memo Item
 * Earmarked Contribution: See Below

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
MM / DD / YYYY
06 / 21 / 2020
Transaction ID : 1613273E

Amount of Each Receipt this Period
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Silva, Joao Carlos, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 69 Gary Rd

City Needham	State MA	Zip Code 02494-2447
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Santander Bank IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5025.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2020
Transaction ID : 1612975

Amount of Each Receipt this Period
25.00

Memo Item

* Earmarked Contribution: See Below

C. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
MM / DD / YYYY
06 / 21 / 2020
Transaction ID : 1612975E

Amount of Each Receipt this Period
25.00

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....	25.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. Silva, Joao Carlos, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 69 Gary Rd

City Needham	State MA	Zip Code 02494-2447
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Santander Bank	Occupation (for Individual) IT
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5025.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2020

Transaction ID : 1612976

Amount of Each Receipt this Period
5000.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2020

Transaction ID : 1612976E

Amount of Each Receipt this Period
5000.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 2813 Carlisle Rd

City Birmingham	State AL	Zip Code 35213-3417
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2020

Transaction ID : 1612483

Amount of Each Receipt this Period
50.00

Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....	5050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 14 / 2020
Transaction ID : 1612483E

Amount of Each Receipt this Period
50.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Somers, James Thomas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 2813 Carlisle Rd

City Birmingham	State AL	Zip Code 35213-3417
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Not Employed Not Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.20

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 18 / 2020
Transaction ID : 1613182

Amount of Each Receipt this Period
200.00

Memo Item

* Earmarked Contribution: See Below

C. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 21 / 2020
Transaction ID : 1613182E

Amount of Each Receipt this Period
200.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

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

Mailing Address 2813 Carlisle Rd

City Birmingham	State AL	Zip Code 35213-3417
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.20

Date of Receipt
MM / DD / YYYY
06 / 20 / 2020

Transaction ID : 1613290

Amount of Each Receipt this Period
20.20

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
MM / DD / YYYY
06 / 21 / 2020

Transaction ID : 1613290E

Amount of Each Receipt this Period
20.20

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 217 Country Club Park # 402

City Mountain Brk	State AL	Zip Code 35213-4237
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
100.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2020

Transaction ID : 1612094

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....	120.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
MM / DD / YYYY
06 / 14 / 2020
Transaction ID : 1612094E

Amount of Each Receipt this Period
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Somers, Jt, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 217 Country Club Park # 402

City Mountain Brk	State AL	Zip Code 35213-4237
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Not Employed Not Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2020
Transaction ID : 1612564

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

C. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
MM / DD / YYYY
06 / 17 / 2020
Transaction ID : 1612564E

Amount of Each Receipt this Period
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. Somers, Jt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 217 Country Club Park # 402
 City Mountain Brk State AL Zip Code 35213-4237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 19 / 2020
Transaction ID : 1612826
 Amount of Each Receipt this Period 200.00
 Memo Item
 * Earmarked Contribution: See Below

B. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 152542.21

Date of Receipt 06 / 21 / 2020
Transaction ID : 1612826E
 Amount of Each Receipt this Period 200.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Somers, Jt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 217 Country Club Park # 402
 City Mountain Brk State AL Zip Code 35213-4237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 23 / 2020
Transaction ID : 1613457
 Amount of Each Receipt this Period 100.00
 Memo Item
 * Earmarked Contribution: See Below

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 23 / 2020

Transaction ID : 1613457E

Amount of Each Receipt this Period
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Somers, Jt, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 217 Country Club Park # 402

City Mountain Brk	State AL	Zip Code 35213-4237
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Not Employed Not Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 24 / 2020

Transaction ID : 1613814

Amount of Each Receipt this Period
200.00

Memo Item

* Earmarked Contribution: See Below

C. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 25 / 2020

Transaction ID : 1613814E

Amount of Each Receipt this Period
200.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. Somers, Jt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 217 Country Club Park # 402
 City Mountain Brk State AL Zip Code 35213-4237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 28 / 2020
Transaction ID : 1614065
 Amount of Each Receipt this Period 50.00
 Memo Item
 * Earmarked Contribution: See Below

B. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 152542.21

Date of Receipt 06 / 28 / 2020
Transaction ID : 1614065E
 Amount of Each Receipt this Period 50.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Stadlin, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 Turtle Rock Ct
 City Tiburon State CA Zip Code 94920-1301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 29 / 2020
Transaction ID : 1615090
 Amount of Each Receipt this Period 250.00
 Memo Item
 * Earmarked Contribution: See Below

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
MM / DD / YYYY
06 / 29 / 2020
Transaction ID : 1615090E

Amount of Each Receipt this Period
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Stern, Lynn, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 101 Central Park W

City New York	State NY	Zip Code 10023-4250
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self Occupation (for Individual) photographer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2020
Transaction ID : 1610871

Amount of Each Receipt this Period
1000.00

Memo Item

* Earmarked Contribution: See Below

C. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
MM / DD / YYYY
06 / 08 / 2020
Transaction ID : 1610871E

Amount of Each Receipt this Period
1000.00

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MeidasTouch

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

Mailing Address **PO Box 392**

City **Duchesne** State **UT** Zip Code **84021-0392**

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

Name of Employer (for Individual) **Aerospike** Occupation (for Individual) **Engineer**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **06 / 17 / 2020**

Transaction ID : 1612692

Amount of Each Receipt this Period **1000.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 441146**

City **West Somerville** State **MA** Zip Code **02144-0031**

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

Name of Employer (for Individual) Occupation (for Individual) **Conduit total listed in Agg. field**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **152542.21**

Date of Receipt **06 / 17 / 2020**

Transaction ID : 1612692E

Amount of Each Receipt this Period **1000.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address **2421 E Cinnabar Ave**

City **Phoenix** State **AZ** Zip Code **85028-4321**

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

Name of Employer (for Individual) **CVS** Occupation (for Individual) **It**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt **06 / 20 / 2020**

Transaction ID : 1613283

Amount of Each Receipt this Period **50.00**

Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... **1050.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2020
Transaction ID : 1613283E

Amount of Each Receipt this Period
50.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Turley, Erin, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 2421 E Cinnabar Ave

City Phoenix	State AZ	Zip Code 85028-4321
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
CVS It

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2020
Transaction ID : 1615174

Amount of Each Receipt this Period
50.00

Memo Item

* Earmarked Contribution: See Below

C. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2020
Transaction ID : 1615174E

Amount of Each Receipt this Period
50.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. Welch, Anne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Summer St
 Apt 27
 City Boston State MA Zip Code 02210-1122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) artist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 06 / 01 / 2020
Transaction ID : 1611146
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 * Earmarked Contribution: See Below

B. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 152542.21

Date of Receipt
 06 / 07 / 2020
Transaction ID : 1611146E
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Wilson, Laurie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1955 N Burling St
 City Chicago State IL Zip Code 60614-5123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 06 / 21 / 2020
Transaction ID : 1613372
 Amount of Each Receipt this Period
 250.00
 Memo Item
 * Earmarked Contribution: See Below

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MeidasTouch

A. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
MM / DD / YYYY
06 / 21 / 2020
Transaction ID : 1613372E

Amount of Each Receipt this Period
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Woods, Aakiya, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 77 Irving Pl Apt 4A

City New York	State NY	Zip Code 10003-2239
------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
private family office assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2020
Transaction ID : 1614445

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

C. ActBlue
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
152542.21

Date of Receipt
MM / DD / YYYY
06 / 28 / 2020
Transaction ID : 1614445E

Amount of Each Receipt this Period
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	39518.87

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MeidasTouch

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 07 / 2020
Mailing Address 366 Summer St		FEC Identification Number C Transaction ID : 500000143 Amount of Each Disbursement this Period 1339.92
City Somerville	State MA	
Zip Code 02144-3132	Purpose of Disbursement Service Fee	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 08 / 2020
Mailing Address 366 Summer St		FEC Identification Number C Transaction ID : 500000144 Amount of Each Disbursement this Period 218.23
City Somerville	State MA	
Zip Code 02144-3132	Purpose of Disbursement Service Fee	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 10 / 2020
Mailing Address 366 Summer St		FEC Identification Number C Transaction ID : 500000145 Amount of Each Disbursement this Period 269.37
City Somerville	State MA	
Zip Code 02144-3132	Purpose of Disbursement Service Fee	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1827.52
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

MeidasTouch

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		14		2020

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

FEC Identification Number

C

Transaction ID : 500000146

Amount of Each Disbursement this Period

543.66

Purpose of Disbursement Service Fee

Category/Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		17		2020

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

FEC Identification Number

C

Transaction ID : 500000147

Amount of Each Disbursement this Period

304.87

Purpose of Disbursement Service Fee

Category/Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		21		2020

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

FEC Identification Number

C

Transaction ID : 500000148

Amount of Each Disbursement this Period

893.72

Purpose of Disbursement Service Fee

Category/Type

Candidate Name

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

Memo Item

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

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

1742.25

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MeidasTouch

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 23 / 2020
Mailing Address 366 Summer St		FEC Identification Number C Transaction ID : 500000149 Amount of Each Disbursement this Period 280.51
City Somerville	State MA	
Zip Code 02144-3132	Purpose of Disbursement Service Fee	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 25 / 2020
Mailing Address 366 Summer St		FEC Identification Number C Transaction ID : 500000150 Amount of Each Disbursement this Period 445.95
City Somerville	State MA	
Zip Code 02144-3132	Purpose of Disbursement Service Fee	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 28 / 2020
Mailing Address 366 Summer St		FEC Identification Number C Transaction ID : 500000151 Amount of Each Disbursement this Period 969.31
City Somerville	State MA	
Zip Code 02144-3132	Purpose of Disbursement Service Fee	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1695.77
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MeidasTouch

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 29 / 2020
Mailing Address 366 Summer St		FEC Identification Number C Transaction ID : 500000152 Amount of Each Disbursement this Period 458.57
City Somerville	State MA	
Zip Code 02144-3132	Purpose of Disbursement Service Fee	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 30 / 2020
Mailing Address 366 Summer St		FEC Identification Number C Transaction ID : 500000153 Amount of Each Disbursement this Period 313.49
City Somerville	State MA	
Zip Code 02144-3132	Purpose of Disbursement Service Fee	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....▶	772.06
TOTAL This Period (last page this line number only).....▶	6037.60

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 75 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
MeidasTouch

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Benjamin, , ,			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 <input type="text" value="13.94"/>	Transaction ID : 1250000001	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="13.94"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Benjamin, , ,			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 <input type="text" value="33.89"/>	Transaction ID : 1250000002	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="33.89"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Benjamin, , ,			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 <input type="text" value="49.76"/>	Transaction ID : 1250000003	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="49.76"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="97.59"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 76 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
MeidasTouch

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Benjamin, , ,			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 <input type="text" value="49.76"/>	Transaction ID : 1250000004	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="49.76"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Benjamin, , ,			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 <input type="text" value="13.94"/>	Transaction ID : 1250000005	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="13.94"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Benjamin, , ,			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 <input type="text" value="12.92"/>	Transaction ID : 1250000006	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="12.92"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="76.62"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 77 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MeidasTouch

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Benjamin, , ,			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 <input type="text" value="12.88"/>	Transaction ID : 1250000008	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="12.88"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Benjamin, , ,			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 <input type="text" value="12.71"/>	Transaction ID : 1250000009	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="12.71"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Benjamin, , ,			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 <input type="text" value="12.64"/>	Transaction ID : 1250000010	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="12.64"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="38.23"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 78 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 <input type="text" value="1.00"/>	Transaction ID : 1250000015	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1.00"/>

B. 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 <input type="text" value="1.00"/>	Transaction ID : 1250000016	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1.00"/>

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 <input type="text" value="4.00"/>	Transaction ID : 1250000024	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="6.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 79 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 : 1250000017	
4.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	4.00	

B. 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 : 1250000018	
17.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	17.00	

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		Transaction ID : 1250000019	
19.00			
Amount Incurred This Period	Payment 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 only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 80 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 <input type="text" value="2.00"/>	Transaction ID : 1250000020	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2.00"/>

B. 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 <input type="text" value="4.00"/>	Transaction ID : 1250000021	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text" value="2.00"/>	Transaction ID : 1250000022	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="8.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 81 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 <input type="text" value="4.00"/>	Transaction ID : 1250000023	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4.00"/>

B. 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 <input type="text" value="20.00"/>	Transaction ID : 1250000025	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="20.00"/>

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 <input type="text" value="2.00"/>	Transaction ID : 1250000026	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="26.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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 <input type="text" value="4.00"/>	Transaction ID : 1250000027	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4.00"/>

B. 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 <input type="text" value="25.00"/>	Transaction ID : 1250000028	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25.00"/>

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 <input type="text" value="10.00"/>	Transaction ID : 1250000029	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="39.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 83 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 <input type="text" value="1.00"/>	Transaction ID : 1250000030	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1.00"/>

B. 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 <input type="text" value="2.00"/>	Transaction ID : 1250000031	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text" value="2.00"/>	Transaction ID : 1250000032	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="5.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 84 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 <input type="text" value="19.00"/>	Transaction ID : 1250000034	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="19.00"/>

B. 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 <input type="text" value="2.00"/>	Transaction ID : 1250000035	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text" value="6.00"/>	Transaction ID : 1250000036	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="6.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="27.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 85 OF 159
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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 <input type="text" value="35.00"/>	Transaction ID : 1250000037	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="35.00"/>

B. 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 <input type="text" value="4.00"/>	Transaction ID : 1250000042	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text" value="24.00"/>	Transaction ID : 1250000038	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="24.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="63.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 86 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 : 1250000039	
<input type="text" value="3.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="3.00"/>

B. 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 : 1250000040	
<input type="text" value="3.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="3.00"/>

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	Transaction ID : 1250000041	
<input type="text" value="1.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="7.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 87 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 <input type="text" value="4.00"/>	Transaction ID : 1250000043	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4.00"/>

B. 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 <input type="text" value="22.00"/>	Transaction ID : 1250000044	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="22.00"/>

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 <input type="text" value="4.00"/>	Transaction ID : 1250000045	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="30.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 88 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 <input type="text" value="45.00"/>	Transaction ID : 1250000046	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="45.00"/>

B. 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 <input type="text" value="7.00"/>	Transaction ID : 1250000047	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="7.00"/>

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 <input type="text" value="4.00"/>	Transaction ID : 1250000048	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="56.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 89 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 <input type="text" value="16.00"/>	Transaction ID : 1250000049	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="16.00"/>

B. 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 <input type="text" value="4.00"/>	Transaction ID : 1250000050	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text" value="23.00"/>	Transaction ID : 1250000051	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="23.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="43.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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 : 1250000052	
<input type="text" value="2.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2.00"/>

B. 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 : 1250000053	
<input type="text" value="4.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="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	Transaction ID : 1250000054	
<input type="text" value="25.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="25.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="31.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 91 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 <input type="text" value="2.00"/>	Transaction ID : 1250000055		
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2.00"/>	

B. 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 <input type="text" value="4.00"/>	Transaction ID : 1250000056		
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text" value="25.00"/>	Transaction ID : 1250000057		
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25.00"/>	

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="31.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 92 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 <input type="text" value="3.00"/>	Transaction ID : 1250000058	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3.00"/>

B. 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 <input type="text" value="2.00"/>	Transaction ID : 1250000059	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text" value="2.00"/>	Transaction ID : 1250000060	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="7.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 93 OF 159
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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 : 1250000061	
<input type="text" value="4.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="4.00"/>

B. 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 : 1250000062	
<input type="text" value="16.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="16.00"/>

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	Transaction ID : 1250000063	
<input type="text" value="27.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="27.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="47.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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 <input type="text" value="12.00"/>	Transaction ID : 1250000064	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="12.00"/>

B. 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 <input type="text" value="15.00"/>	Transaction ID : 1250000065	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="15.00"/>

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 <input type="text" value="4.00"/>	Transaction ID : 1250000066	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="31.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 95 OF 159
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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 <input type="text" value="8.00"/>	Transaction ID : 1250000012	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="8.00"/>

B. 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 <input type="text" value="2.00"/>	Transaction ID : 1250000033	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text" value="4.00"/>	Transaction ID : 1250000067	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="14.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 96 OF 159
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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 <input type="text" value="16.00"/>	Transaction ID : 1250000068	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="16.00"/>

B. 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 <input type="text" value="2.00"/>	Transaction ID : 1250000074	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,			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 <input type="text" value="0.00"/>	Transaction ID : 1250000069	
Amount Incurred This Period <input type="text" value="52.99"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="52.99"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="70.99"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 97 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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 <input type="text" value="0.00"/>	Transaction ID : 1250000071	
Amount Incurred This Period <input type="text" value="19.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="19.00"/>

B. 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 <input type="text" value="0.00"/>	Transaction ID : 1250000072	
Amount Incurred This Period <input type="text" value="6.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="6.00"/>

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 <input type="text" value="0.00"/>	Transaction ID : 1250000073	
Amount Incurred This Period <input type="text" value="15.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="15.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="40.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 98 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 : 1250000075	
Amount Incurred This Period 12.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 12.00

B. 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 : 1250000076	
Amount Incurred This Period 4.00	Payment 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			
City North Hollywood	State CA	Zip Code 91606-3714	

Outstanding Balance Beginning This Period 0.00	Transaction ID : 1250000077	
Amount Incurred This Period 2.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2.00

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 C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 99 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 : 1250000144	
Amount Incurred This Period 19.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 19.00

B. 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 : 1250000145	
Amount Incurred This Period 6.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6.00

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 : 1250000146	
Amount Incurred This Period 15.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 15.00

1) SUBTOTALS This Period This Page (optional)..... ▶	40.00
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) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 100 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 : 1250000147	
<input type="text" value="0.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="2.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2.00"/>	

B. 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 : 1250000078	
<input type="text" value="0.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="23.00"/>	<input type="text" value="0.00"/>	<input type="text" value="23.00"/>	

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		Transaction ID : 1250000079	
<input type="text" value="0.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="4.00"/>	<input type="text" value="0.00"/>	<input type="text" value="4.00"/>	

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="29.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 101 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 : 1250000080	
Amount Incurred This Period 2.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2.00

B. 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 : 1250000081	
Amount Incurred This Period 4.00	Payment 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			
City North Hollywood	State CA	Zip Code 91606-3714	

Outstanding Balance Beginning This Period 0.00	Transaction ID : 1250000082	
Amount Incurred This Period 16.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 16.00

1) SUBTOTALS This Period This Page (optional)..... ▶	22.00
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) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 102 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 : 1250000083	
Amount Incurred This Period 3.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3.00

B. 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 : 1250000084	
Amount Incurred This Period 2.00	Payment This Period 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	Transaction ID : 1250000085	
Amount Incurred This Period 3.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3.00

1) SUBTOTALS This Period This Page (optional)..... ▶	8.00
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) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 103 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 : 1250000086	
Amount Incurred This Period 11.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 11.00

B. 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 : 1250000087	
Amount Incurred This Period 4.00	Payment 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			
City North Hollywood	State CA	Zip Code 91606-3714	

Outstanding Balance Beginning This Period 0.00	Transaction ID : 1250000088	
Amount Incurred This Period 2.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2.00

1) SUBTOTALS This Period This Page (optional)..... ▶	17.00
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) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 : 1250000089	
Amount Incurred This Period 15.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 15.00

B. 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 : 1250000090	
Amount Incurred This Period 4.00	Payment 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			
City North Hollywood	State CA	Zip Code 91606-3714	

Outstanding Balance Beginning This Period 0.00	Transaction ID : 1250000091	
Amount Incurred This Period 20.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 20.00

1) 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) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 : 1250000092	
<input type="text" value="0.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="4.00"/>	<input type="text" value="0.00"/>	<input type="text" value="4.00"/>	

B. 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 : 1250000093	
<input type="text" value="0.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="2.00"/>	<input type="text" value="0.00"/>	<input type="text" value="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		Transaction ID : 1250000094	
<input type="text" value="0.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="27.00"/>	<input type="text" value="0.00"/>	<input type="text" value="27.00"/>	

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="33.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 106 OF 159
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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 : 1250000095	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="6.00"/>	<input type="text" value="0.00"/>	<input type="text" value="6.00"/>

B. 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 : 1250000096	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="2.00"/>	<input type="text" value="0.00"/>	<input type="text" value="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	Transaction ID : 1250000097	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="25.00"/>	<input type="text" value="0.00"/>	<input type="text" value="25.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="33.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 107 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MeidasTouch

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,			Nature of Debt (Purpose): Website Services
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	

Outstanding Balance Beginning This Period 0.00	Transaction ID : 1250000070	
Amount Incurred This Period 44.99	Payment This Period 0.00	Outstanding Balance at Close of This Period 44.99

B. 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 : 1250000098	
Amount Incurred This Period 4.00	Payment 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			
City North Hollywood	State CA	Zip Code 91606-3714	

Outstanding Balance Beginning This Period 0.00	Transaction ID : 1250000099	
Amount Incurred This Period 2.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2.00

1) SUBTOTALS This Period This Page (optional)..... ▶	50.99
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 line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 108 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 : 1250000100	
Amount Incurred This Period 25.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.00

B. 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 : 1250000101	
Amount Incurred This Period 4.00	Payment 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			
City North Hollywood	State CA	Zip Code 91606-3714	

Outstanding Balance Beginning This Period 0.00	Transaction ID : 1250000102	
Amount Incurred This Period 2.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2.00

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 line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 109 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 : 1250000103	
Amount Incurred This Period 12.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 12.00

B. 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 : 1250000104	
Amount Incurred This Period 4.00	Payment 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			
City North Hollywood	State CA	Zip Code 91606-3714	

Outstanding Balance Beginning This Period 0.00	Transaction ID : 1250000105	
Amount Incurred This Period 2.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2.00

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 C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 110 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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 : 1250000106	
Amount Incurred This Period 15.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 15.00

B. 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 : 1250000107	
Amount Incurred This Period 4.00	Payment 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			
City North Hollywood	State CA	Zip Code 91606-3714	

Outstanding Balance Beginning This Period 0.00	Transaction ID : 1250000108	
Amount Incurred This Period 45.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 45.00

1) SUBTOTALS This Period This Page (optional)..... ▶	64.00
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) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 : 1250000109	
<input type="text" value="0.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="4.00"/>	<input type="text" value="0.00"/>	<input type="text" value="4.00"/>	

B. 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 : 1250000110	
<input type="text" value="0.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="2.00"/>	<input type="text" value="0.00"/>	<input type="text" value="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		Transaction ID : 1250000111	
<input type="text" value="0.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="25.00"/>	<input type="text" value="0.00"/>	<input type="text" value="25.00"/>	

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="31.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 112 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 : 1250000112	
Amount Incurred This Period 4.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4.00

B. 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 : 1250000113	
Amount Incurred This Period 2.00	Payment This Period 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	Transaction ID : 1250000114	
Amount Incurred This Period 2.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2.00

1) SUBTOTALS This Period This Page (optional)..... ▶	8.00
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) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 113 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 : 1250000115	
Amount Incurred This Period 16.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 16.00

B. 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 : 1250000116	
Amount Incurred This Period 4.00	Payment 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			
City North Hollywood	State CA	Zip Code 91606-3714	

Outstanding Balance Beginning This Period 0.00	Transaction ID : 1250000117	
Amount Incurred This Period 25.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 114 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 : 1250000118	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
4.00	0.00	4.00	

B. 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 : 1250000119	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
2.00	0.00	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		Transaction ID : 1250000120	
0.00			
Amount Incurred This Period	Payment 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 C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 115 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 : 1250000121	
<input type="text" value="0.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="4.00"/>	<input type="text" value="0.00"/>	<input type="text" value="4.00"/>	

B. 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 : 1250000122	
<input type="text" value="0.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="2.00"/>	<input type="text" value="0.00"/>	<input type="text" value="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		Transaction ID : 1250000123	
<input type="text" value="0.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="45.00"/>	<input type="text" value="0.00"/>	<input type="text" value="45.00"/>	

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="51.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 116 OF 159
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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 <input type="text" value="0.00"/>	Transaction ID : 1250000124	
Amount Incurred This Period <input type="text" value="4.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4.00"/>

B. 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 <input type="text" value="0.00"/>	Transaction ID : 1250000125	
Amount Incurred This Period <input type="text" value="2.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text" value="0.00"/>	Transaction ID : 1250000126	
Amount Incurred This Period <input type="text" value="10.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="16.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 117 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 : 1250000127	
Amount Incurred This Period 4.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4.00

B. 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 : 1250000128	
Amount Incurred This Period 2.00	Payment This Period 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	Transaction ID : 1250000129	
Amount Incurred This Period 12.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 118 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 : 1250000130	
<input type="text" value="0.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="4.00"/>	<input type="text" value="0.00"/>	<input type="text" value="4.00"/>	

B. 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 : 1250000131	
<input type="text" value="0.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="2.00"/>	<input type="text" value="0.00"/>	<input type="text" value="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		Transaction ID : 1250000132	
<input type="text" value="0.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="11.00"/>	<input type="text" value="0.00"/>	<input type="text" value="11.00"/>	

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="17.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 119 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 : 1250000133	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
4.00	0.00	4.00	

B. 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 : 1250000134	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
2.00	0.00	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		Transaction ID : 1250000135	
0.00			
Amount Incurred This Period	Payment 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 only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 120 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 : 1250000136	
Amount Incurred This Period 4.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4.00

B. 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 : 1250000137	
Amount Incurred This Period 2.00	Payment This Period 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	Transaction ID : 1250000138	
Amount Incurred This Period 12.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 121 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 : 1250000139	
Amount Incurred This Period 4.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4.00

B. 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 : 1250000140	
Amount Incurred This Period 2.00	Payment This Period 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	Transaction ID : 1250000141	
Amount Incurred This Period 13.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 13.00

1) SUBTOTALS This Period This Page (optional)..... ▶	19.00
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) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 122 OF 159
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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 4.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4.00

B. 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 : 1250000143	
Amount Incurred This Period 2.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2.00

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	6.00
2) TOTALS This Period (last page this line number only)..... ▶	1510.42
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	1510.42

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MeidasTouch
FEC IDENTIFICATION NUMBER C C00746073

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

Full Name of Payee Meiselas, Brett, , , Memo Item
Mailing Address 11140 Sylvan St
City North Hollywood State CA Zip Code 91606-3714
Purpose of Expenditure Online Video Category/Type
Name of Federal Candidate: TRUMP, DONALD, J., , Support Oppose Office Sought: President House Senate State: US
Calendar Year-To-Date Per Election for Office Sought 1160.00 Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee Meiselas, Brett, , , Memo Item
Mailing Address 11140 Sylvan St
City North Hollywood State CA Zip Code 91606-3714
Purpose of Expenditure Online Video Category/Type
Name of Federal Candidate: TRUMP, DONALD, J., , Support Oppose Office Sought: President House Senate State: US
Calendar Year-To-Date Per Election for Office Sought 1160.00 Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date 07 / 15 / 2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MeidasTouch
FEC IDENTIFICATION NUMBER C C00746073

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

Full Name of Payee Meiselas, Brett, , , * Memo Item
Mailing Address 11140 Sylvan St
City North Hollywood State CA Zip Code 91606-3714
Purpose of Expenditure Online Video Category/Type
Name of Federal Candidate: TRUMP, DONALD, J., , Support Oppose Office Sought: President House Senate District: 00 State: US
Calendar Year-To-Date Per Election for Office Sought 1160.00 Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee Meiselas, Brett, , , * Memo Item
Mailing Address 11140 Sylvan St
City North Hollywood State CA Zip Code 91606-3714
Purpose of Expenditure Online Video Category/Type
Name of Federal Candidate: TRUMP, DONALD, J., , Support Oppose Office Sought: President House Senate District: 00 State: US
Calendar Year-To-Date Per Election for Office Sought 1160.00 Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date 07 / 15 / 2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MeidasTouch
FEC IDENTIFICATION NUMBER C C00746073

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

Full Name of Payee Meiselas, Brett, , , *
Mailing Address 11140 Sylvan St
City North Hollywood State CA Zip Code 91606-3714
Purpose of Expenditure Online Video
Name of Federal Candidate: TRUMP, DONALD, J., , Support Oppose
Office Sought: President House Senate State: US
Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee Meiselas, Brett, , , *
Mailing Address 11140 Sylvan St
City North Hollywood State CA Zip Code 91606-3714
Purpose of Expenditure Online Video
Name of Federal Candidate: TRUMP, DONALD, J., , Support Oppose
Office Sought: President House Senate State: US
Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date

07 / 15 / 2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MeidasTouch
FEC IDENTIFICATION NUMBER C C00746073

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

Full Name of Payee Meiselas, Brett, , , Memo Item
Mailing Address 11140 Sylvan St
City North Hollywood State CA Zip Code 91606-3714
Purpose of Expenditure Online Video Category/Type
Name of Federal Candidate: TRUMP, DONALD, J., , Support Oppose Office Sought: President House Senate District: 00 State: US
Calendar Year-To-Date Per Election for Office Sought 1160.00 Disbursement For: Primary General 2020 Other (specify)

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

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Meiselas, Brett, , , *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 03 / 2020						
Mailing Address 11140 Sylvan St	Amount 4.00 Transaction ID : 50000080 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City</td> <td style="width:33%; border-bottom: 1px solid black;">State</td> <td style="width:33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td>North Hollywood</td> <td>CA</td> <td>91606-3714</td> </tr> </table>		City	State	Zip Code	North Hollywood	CA	91606-3714
City		State	Zip Code				
North Hollywood	CA	91606-3714					
Purpose of Expenditure Online Video							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD, J., ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: US						
Calendar Year-To-Date Per Election for Office Sought 1160.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶						

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Meiselas, Brett, , , *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 04 / 2020						
Mailing Address 11140 Sylvan St	Amount 16.00 Transaction ID : 50000081 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City</td> <td style="width:33%; border-bottom: 1px solid black;">State</td> <td style="width:33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td>North Hollywood</td> <td>CA</td> <td>91606-3714</td> </tr> </table>		City	State	Zip Code	North Hollywood	CA	91606-3714
City		State	Zip Code				
North Hollywood	CA	91606-3714					
Purpose of Expenditure Online Video							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD, J., ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: US						
Calendar Year-To-Date Per Election for Office Sought 1160.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶						

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Mailing Address 11140 Sylvan St	Amount <input type="text"/> 4.00 Transaction ID : 50000086 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City North Hollywood State CA Zip Code 91606-3714	
Purpose of Expenditure Online Video Category/Type <input type="text"/>	
Name of Federal Candidate: TRUMP, DONALD, J., , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
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Mailing Address 11140 Sylvan St	Amount <input type="text"/> 2.00 Transaction ID : 50000087 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City North Hollywood State CA Zip Code 91606-3714	
Purpose of Expenditure Online Video Category/Type <input type="text"/>	
Name of Federal Candidate: TRUMP, DONALD, J., , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MeidasTouch
FEC IDENTIFICATION NUMBER C C00746073

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

Full Name of Payee Meiselas, Brett, , *
Mailing Address 11140 Sylvan St
City North Hollywood State CA Zip Code 91606-3714
Purpose of Expenditure Online Video
Name of Federal Candidate: TRUMP, DONALD, J., , Support Oppose
Office Sought: President House Senate State: US
Calendar Year-To-Date Per Election for Office Sought 1160.00
Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure
Name of Federal Candidate: Support Oppose
Office Sought: House Senate State:
Calendar Year-To-Date Per Election for Office Sought
Disbursement For: Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(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 Filed]

Date 07 / 15 / 2020

Signature