

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

AMERICA FIRST ACTION, INC.

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<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="178177.30"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3746538.00"/>	<input type="text" value="3950815.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="3924715.30"/>	<input type="text" value="3950815.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2025585.61"/>	<input type="text" value="2051685.31"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1899129.69"/>	<input type="text" value="1899129.69"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

AMERICA FIRST ACTION, INC.

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	3576276.00	3780553.00
(ii) Unitemized	170262.00	170262.00
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	3746538.00	3950815.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3746538.00	3950815.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3746538.00	3950815.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3746538.00	3950815.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	791542.74	817642.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	791542.74	817642.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	1232042.87	1232042.87
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	2000.00	2000.00
(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)).....	2000.00	2000.00
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)) ..	2025585.61	2051685.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2025585.61	2051685.31

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)	3746538.00	3950815.00
34. Total Contribution Refunds (from Line 28(d))	2000.00	2000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3744538.00	3948815.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	791542.74	817642.44
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	791542.74	817642.44

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 153
	(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

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)
AMERICA FIRST ACTION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ALFA MUTUAL INSURANCE COMPANY

Mailing Address 2108 EAST SOUTH BLVD
PO BOX 11000

City MONTGOMERY State AL Zip Code 36116

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2017

Transaction ID : SA11AI.4610

Amount of Each Receipt this Period
10000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. AMERICA FIRST POLICIES, INC.

Mailing Address 1400 CRYSTAL DRIVE
SUITE 850

City ARLINGTON State VA Zip Code 22202

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
116703.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2017

Transaction ID : SA11AI.4163

Amount of Each Receipt this Period
112426.00

Memo Item
IN-KIND- PAYROLL / OFFICE EXPENSES/ OTHER
SHARED DIRECT EXPENSES

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

Mailing Address PO BOX 387

City NORTH VERNON State IN Zip Code 47265

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 ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 07 / 2017

Transaction ID : SA11AI.4206

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 122676.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 153
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

A. AURAY, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 610 BERKSHIRE DR
 City PITTSBURGH State PA Zip Code 15215
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2017
Transaction ID : SA11AI.4352
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. AURAY, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 610 BERKSHIRE DR
 City PITTSBURGH State PA Zip Code 15215
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2017
Transaction ID : SA11AI.4467
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. AVAKIAN, JIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8175 S VIRGINIA ST #850 PMB-210
 City RENO State NV Zip Code 89511
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2017
Transaction ID : SA11AI.4549
 Amount of Each Receipt this Period
 250.00
 Memo Item

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 8 OF 153
	<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)
AMERICA FIRST ACTION, INC.

A. BABB, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7836 SE 171ST VICTORIA LANE

City THE VILLAGES	State FL	Zip Code 32162
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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 ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2017

Transaction ID : SA11AI.4243

Amount of Each Receipt this Period
 250.00

Memo Item

B. BEASLEY, SAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6215 PINEVIEW RD

City DALLAS	State TX	Zip Code 75248
----------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) GENERAL CONTRACTOR CONSTRU
--	---

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
 11 / 21 / 2017

Transaction ID : SA11AI.4505

Amount of Each Receipt this Period
 250.00

Memo Item

C. BEERS, JONATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 7116

City CAPO BEACH	State CA	Zip Code 92624
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CAPITAL CITY DRYWALL INC	Occupation (for Individual) CONTRACTOR
---	---

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
 09 / 13 / 2017

Transaction ID : SA11AI.4261

Amount of Each Receipt this Period
 250.00

Memo Item

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 9 OF 153
	<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)
AMERICA FIRST ACTION, INC.

A. BELK, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1043 REUNION DRIVE
 City CHATTANOOGA State TN Zip Code 37421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BELK EXPRESS Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 05 / 2017
Transaction ID : SA11AI.4198
 Amount of Each Receipt this Period 250.00
 Memo Item

B. BENDA, LOU ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7941 N. JONES BLVD.
 City LAS VEGAS State NV Zip Code 89131
 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 09 / 12 / 2017
Transaction ID : SA11AI.4253
 Amount of Each Receipt this Period 250.00
 Memo Item

C. BLADES, LYNN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1772 EVANS ROAD
 City ARKPORT State NY Zip Code 14807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 06 / 2017
Transaction ID : SA11AI.4539
 Amount of Each Receipt this Period 500.00
 Memo Item

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 10 OF 153
	<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)
AMERICA FIRST ACTION, INC.

A. BLUMBERG, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 FOLSOM STREET, SUITE 400
 City SAN FRANCISCO State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BLUMBERG CAPITAL Occupation (for Individual) MANAGING PARTNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2017
Transaction ID : SA11AI.4508
 Amount of Each Receipt this Period
 25000.00
 Memo Item

B. BOJRAB, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10713 OAK TREE RD
 City FORT WAYNE State IN Zip Code 46845
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2017
Transaction ID : SA11AI.4194
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. BOSSEN, BRAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2714 E GELDING DR
 City PHOENIX State AZ Zip Code 85032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SOLERA Occupation (for Individual) BUSINESS CONSULTANT
 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
 09 / 04 / 2017
Transaction ID : SA11AI.4196
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	25500.00
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 153
	<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)
AMERICA FIRST ACTION, INC.

A. BRANDT, RICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 371 CHANNELSIDE WALKWAY PH 1602
 City TAMPA State FL Zip Code 33602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TRADEMARK NITROGEN Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2017
Transaction ID : SA11AI.4298
 Amount of Each Receipt this Period 500.00
 Memo Item

B. BRANIFF, RON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 LOCH LOMOND RD
 City RANCHO MIRAGE State CA Zip Code 92270
 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 09 / 13 / 2017
Transaction ID : SA11AI.4267
 Amount of Each Receipt this Period 250.00
 Memo Item

C. BRINTON, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1107 S 274TH PL
 City DES MOINES State WA Zip Code 98198
 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 09 / 26 / 2017
Transaction ID : SA11AI.4388
 Amount of Each Receipt this Period 250.00
 Memo Item

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 12 OF 153
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

A. BRYAN, GLENN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4255 N US1
 City MELBOURNE State FL Zip Code 32935
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2017
Transaction ID : SA11AI.4407
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. BUNTING, MIKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11146 N LINDEN RD
 City CLIO State MI Zip Code 48420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ATI GROUP Occupation (for Individual) PRINCIPAL
 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
 09 / 29 / 2017
Transaction ID : SA11AI.4392
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. CAISON, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12399 S FOXTON ROAD
 City CONIFER State CO Zip Code 80433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AFS INC Occupation (for Individual) MANAGER
 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
 11 / 20 / 2017
Transaction ID : SA11AI.4499
 Amount of Each Receipt this Period
 250.00
 Memo Item

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 13 OF 153
	(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)
AMERICA FIRST ACTION, INC.

A. CALAWAY, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12904 HACIENDA RIDGE
 City AUSTIN State TX Zip Code 78738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WWE Occupation (for Individual) SPORTS ENTERTAINER
 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
 10 / 31 / 2017
Transaction ID : SA11AI.4485
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. CALLAHAN, TIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 WEDGEWOOD LANE
 City MILLBURY State MA Zip Code 01527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HAWK CONSULTING, INC. Occupation (for Individual) IT CONSULTING
 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
 09 / 19 / 2017
Transaction ID : SA11AI.4342
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. CANNON, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1579 WOODCREST DRIVE
 City RESTON State VA Zip Code 20194
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OBERON Occupation (for Individual) IB
 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
 12 / 31 / 2017
Transaction ID : SA11AI.4602
 Amount of Each Receipt this Period
 500.00
 Memo Item

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 14 OF 153
	<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

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)
AMERICA FIRST ACTION, INC.

A. CARNOVALE, EULALIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1005 MAIN STREET
 City ALVIN State TX Zip Code 77511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) RESIDENTIAL CERTIFIED APPRAISE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 30 / 2017
Transaction ID : SA11AI.4472
 Amount of Each Receipt this Period 250.00
 Memo Item

B. CARVILLE, DICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 ARLINGTON RD.
 City UTICA State NY Zip Code 13501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BOULEVARD GRAPHICS Occupation (for Individual) SALES MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 25 / 2017
Transaction ID : SA11AI.4384
 Amount of Each Receipt this Period 250.00
 Memo Item

C. CASHEN, SHACK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address BOX 803187
 City DALLAS State TX Zip Code 75380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CASHEN INVESTMENT Occupation (for Individual) INVESTMENT MANAGEMENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 19 / 2017
Transaction ID : SA11AI.4575
 Amount of Each Receipt this Period 250.00
 Memo Item

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 15 OF 153
	<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)
AMERICA FIRST ACTION, INC.

A. CHEMICAL AND METAL TECHNOLOGIES LLC

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

Mailing Address 1400 AFFLINK PLACE, STE 100

City TUSCALOOSA	State AL	Zip Code 35406
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID : SA11AI.4612

Amount of Each Receipt this Period
5000.00

Memo Item

B. COOK, TREVOR, , ,

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

Mailing Address 321 BOYLSTON AVE E APT 104

City SEATTLE	State WA	Zip Code 98102
-----------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2017

Transaction ID : SA11AI.4409

Amount of Each Receipt this Period
250.00

Memo Item

C. COSTIGLILO, BARBARA, , ,

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

Mailing Address 7300 N FINE ROAD

City LINDEN	State CA	Zip Code 95236
----------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2017

Transaction ID : SA11AI.4192

Amount of Each Receipt this Period
250.00

Memo Item

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:	PAGE 16 OF 153
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

A. COSTIGLIOLO, BOB, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7300 N FINE ROAD
 City LINDEN State CA Zip Code 95236
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2017
Transaction ID : SA11AI.4190
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. CUSICK, JAMES, M, DR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1077 RACE STREET # 702
 City DENVER State CO Zip Code 80206
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2017
Transaction ID : SA11AI.4570
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. DAME, FREDERICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 4
 City GRANBY State VT Zip Code 05840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2017
Transaction ID : SA11AI.4377
 Amount of Each Receipt this Period
 500.00
 Memo Item

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 17 OF 153
	<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)
AMERICA FIRST ACTION, INC.

A. DEDIC, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 MARINA DRIVE
 City DES PLAINES State IL Zip Code 60016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ASTRO MACHINE CORP. Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 02 / 2017**
Transaction ID : SA11AI.4421
 Amount of Each Receipt this Period 250.00
 Memo Item

B. DELFER, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 538 DALE DR
 City INCLINE VILLAGE State NV Zip Code 89451
 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 **09 / 14 / 2017**
Transaction ID : SA11AI.4279
 Amount of Each Receipt this Period 250.00
 Memo Item

C. DINARDI, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 595 JOHNSTON DR.
 City WATCHUNG State NJ Zip Code 07069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DINAR MANAGEMENT CORP. Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 29 / 2017**
Transaction ID : SA11AI.4511
 Amount of Each Receipt this Period 50.00
 Memo Item

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 18 OF 153
	<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)
AMERICA FIRST ACTION, INC.

A. DIXON, LOREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9221 MUIR LN.
 City FISHERS State IN Zip Code 46037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 20 / 2017
Transaction ID : SA11AI.4363
 Amount of Each Receipt this Period 500.00
 Memo Item

B. EAD, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 NORTH STREET
 City METHUEN State MA Zip Code 01844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOKIA CORP. Occupation (for Individual) ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 19 / 2017
Transaction ID : SA11AI.4344
 Amount of Each Receipt this Period 250.00
 Memo Item

C. EDIRISINGHE, CECIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3905 NORTH PROSPECT AVENUE
 City SHOREWOOD State WI Zip Code 53211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VELICON Occupation (for Individual) BUSINESS OWNER-ENGINEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2017
Transaction ID : SA11AI.4326
 Amount of Each Receipt this Period 250.00
 Memo Item

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 19 OF 153
<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)
AMERICA FIRST ACTION, INC.

A. EILTS, MARY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7504 MULLINS DRIVE

City PLANO	State TX	Zip Code 75025
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2017

Transaction ID : SA11AI.4283

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2258 FRONT RANGE CT

City ERIE	State CO	Zip Code 80516
--------------	-------------	-------------------

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

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

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
09		30		2017

Transaction ID : SA11AI.4417

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 2258 FRONT RANGE CT

City ERIE	State CO	Zip Code 80516
--------------	-------------	-------------------

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

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

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
10		05		2017

Transaction ID : SA11AI.4424

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	700.00
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 153
	<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)
AMERICA FIRST ACTION, INC.

A. ETEMADI, ALIREZA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2258 FRONT RANGE CT

City ERIE	State CO	Zip Code 80516
--------------	-------------	-------------------

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

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

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
11	/	05	/	2017

Transaction ID : SA11AI.4490

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 2258 FRONT RANGE CT

City ERIE	State CO	Zip Code 80516
--------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

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

Transaction ID : SA11AI.4506

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 2258 FRONT RANGE CT

City ERIE	State CO	Zip Code 80516
--------------	-------------	-------------------

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

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

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
12	/	05	/	2017

Transaction ID : SA11AI.4535

Amount of Each Receipt this Period
100.00

Memo Item

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 21 OF 153
	<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)
AMERICA FIRST ACTION, INC.

A. FRENCH, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 NOAH LANE
 City TOLLAND State CT Zip Code 06084
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2017
Transaction ID : SA11AI.4593
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. FULLER, JOSEPH, LINDSAY, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 WEST RT 38
 City MOORESTOWN State NJ Zip Code 08057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INSURANCE & SECURITIES SALES &
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2017
Transaction ID : SA11AI.4494
 Amount of Each Receipt this Period
 75.00
 Memo Item

C. FULLER, JOSEPH, LINDSAY, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 WEST RT 38
 City MOORESTOWN State NJ Zip Code 08057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INSURANCE & SECURITIES SALES &
 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
 12 / 08 / 2017
Transaction ID : SA11AI.4555
 Amount of Each Receipt this Period
 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	400.00
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 153
	<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)
AMERICA FIRST ACTION, INC.

A. GAVRILIUC, DOINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 740 LATOUR DR
 City ATLANTA State GA Zip Code 30350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KEYSIGHT TECHNOLOGIES Occupation (for Individual) R&D STRATEGIC PLANNING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 09 / 2017
Transaction ID : SA11AI.4239
 Amount of Each Receipt this Period 250.00
 Memo Item

B. GEBHARDT, KARL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6542 VIA SERENO
 City RANCHO MURIETA State CA Zip Code 95683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 19 / 2017
Transaction ID : SA11AI.4581
 Amount of Each Receipt this Period 50.00
 Memo Item

C. GONZALEZ, GILBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3071 SHOAL CREEK VILLAGE DRIVE
 City LAKELAND State FL Zip Code 33803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HELENA CHEMICAL COMPANY Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2017
Transaction ID : SA11AI.4249
 Amount of Each Receipt this Period 250.00
 Memo Item

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 23 OF 153
	<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)
AMERICA FIRST ACTION, INC.

A. GRACE, OLIVER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 241 BRADLEY PLACE
 City PALM BEACH State FL Zip Code 33480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DEVELOPMENT SERVICES LLC Occupation (for Individual) MEMBER
 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
 12 / 09 / 2017
Transaction ID : SA11AI.4559
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. HAGER, RALPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 185 GAINSWOOD DRIVE
 City MOORESVILLE State NC Zip Code 28117
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2017
Transaction ID : SA11AI.4241
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. HAMLIN, TRISH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 MOUNTAIN BROOK ROAD
 City CORNWALL State NY Zip Code 12518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 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
 09 / 26 / 2017
Transaction ID : SA11AI.4386
 Amount of Each Receipt this Period
 500.00
 Memo Item

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: PAGE 24 OF 153
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

A. HAMMERS, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 909
 City GRAYSON State GA Zip Code 30017
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2017
Transaction ID : SA11AI.4521
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. HANNAH, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 174 WATERCOLOR WY 103-351
 City SANTA ROSA BEACH State FL Zip Code 32459
 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 ▼ 2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2017
Transaction ID : SA11AI.4591
 Amount of Each Receipt this Period
 2700.00
 Memo Item

C. HARDY, JOSEPH, A, MR., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1019 ROUTE 519
 City EIGHTY FOUR State PA Zip Code 15330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HARDY WORLD LLC 84 LUMBER Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 311000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2017
Transaction ID : SA11AI.4171
 Amount of Each Receipt this Period
 311000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 314700.00
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 153
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

A. HELVENSTON, PATRICIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1407 N AZTEC ST
 City FLAGSTAFF State AZ Zip Code 86001
 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
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2017
Transaction ID : SA11AI.4623
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. HENRY, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 866 MERRIEWOOD LANE
 City MCLEAN State VA Zip Code 22102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SOUTHWEST AIRLINES Occupation (for Individual) PILOT
 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
 08 / 30 / 2017
Transaction ID : SA11AI.4175
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. HICKS, THOMAS, , , JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2200 ROSS AVE, SUITE 5000
 City DALLAS State TX Zip Code 75201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HICKS HOLDINGS LLC Occupation (for Individual) INVESTOR
 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
 12 / 31 / 2017
Transaction ID : SA11AI.4600
 Amount of Each Receipt this Period
 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5750.00
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 26 OF 153
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

A. HINKEBEIN, ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 553 SUNNYSIDE DRIVE
 City LOUISVILLE State KY Zip Code 40206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMERICAN BEVERAGE MARKETERS Occupation (for Individual) BOARD OF DIRECTORS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 07 / 2017**
Transaction ID : SA11AI.4546
 Amount of Each Receipt this Period 250.00
 Memo Item

B. HODGE, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2180 IDLEWILD RD
 City PALM BEACH GARDENS State FL Zip Code 33410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE WAYS BOATYARD Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **11 / 07 / 2017**
Transaction ID : SA11AI.4492
 Amount of Each Receipt this Period 75.00
 Memo Item

C. HODGE, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2180 IDLEWILD RD
 City PALM BEACH GARDENS State FL Zip Code 33410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE WAYS BOATYARD Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 07 / 2017**
Transaction ID : SA11AI.4544
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
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 153
	<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)
AMERICA FIRST ACTION, INC.

A. IDBEIS, BADR, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9012 E. WINDWOOD STREET

City WICHITA	State KS	Zip Code 67226
-----------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) MEDICAL DOCTOR
--	---

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
09		12		2017

Transaction ID : SA11AI.4255

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 5 CAMPION LANE

City SARATOGA SPRINGS	State NY	Zip Code 12866
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) SARATOGA HOSPITAL	Occupation (for Individual) PHYSICIAN
--	--

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
10		31		2017

Transaction ID : SA11AI.4483

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 50 SOUTH POINTE DRIVE

City MIAMI BEACH	State FL	Zip Code 33139
---------------------	-------------	-------------------

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

Name of Employer (for Individual) WISDOM TRUST CAPITAL	Occupation (for Individual) DEVELOPER / ENTREPRENEUR
---	---

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
10		16		2017

Transaction ID : SA11AI.4452

Amount of Each Receipt this Period
250.00

Memo Item

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: PAGE 28 OF 153
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

A. JIAO, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 PASADENA ROAD
 City BRONXVILLE State NY Zip Code 10708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WESTCHESTER ANIMAL HOSPITAL Occupation (for Individual) VETERINARIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 18 / 2017
Transaction ID : SA11AI.4337
 Amount of Each Receipt this Period 250.00
 Memo Item

B. JOHNSON, CLAYTON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6159 PIPING ROCK LANE
 City HOUSTON State TX Zip Code 77057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EASTEX CRUDE Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2017
Transaction ID : SA11AI.4444
 Amount of Each Receipt this Period 250.00
 Memo Item

C. JONES, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 HUNTSMANS HORN CIRCLE
 City THE WOODLANDS State TX Zip Code 77380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 10-NEEDHAM INC Occupation (for Individual) SMALL BUSINESS OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.4300
 Amount of Each Receipt this Period 500.00
 Memo Item

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 29 OF 153
	<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)
AMERICA FIRST ACTION, INC.

A. JUDD, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 639 PERSIMMON WAY
 City OCEANSIDE State CA Zip Code 92058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2017
Transaction ID : SA11AI.4405
 Amount of Each Receipt this Period 500.00
 Memo Item

B. KADISH, LAWRENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 135 JERICHO TURNPIKE
 City OLD WESTBURY State NY Zip Code 11568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REAL ESTATE INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 18 / 2017
Transaction ID : SA11AI.4460
 Amount of Each Receipt this Period 10000.00
 Memo Item

C. KERCHLICH, JOHN JAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15509 ORION ST.
 City LAKE ELSINORE State CA Zip Code 92530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INFORMATION REQUESTED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 18 / 2017
Transaction ID : SA11AI.4335
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	10750.00
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 30 OF 153
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

A. KESZEI, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 574 C. AVE
 City CORONADO State CA Zip Code 92118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNITED AIRLINES Occupation (for Individual) PILOT
 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
 09 / 08 / 2017
Transaction ID : SA11AI.4237
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. KIDWILER, JACK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 15259
 City NEWPORT BEACH State CA Zip Code 92659
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2017
Transaction ID : SA11AI.4403
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. KLEIER, MARILYNN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8313 STAR POINT CT
 City PROSPECT State KY Zip Code 40059
 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 ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2017
Transaction ID : SA11AI.4597
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	800.00
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 153
	<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)
AMERICA FIRST ACTION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. KOCIAN, MATTHEW, , ,		Date of Receipt
Mailing Address 3 LINCOLN AVE		<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2017"/>
City OLD GREENWICH	State CT	Zip Code 06870
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4314
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. KOWAL-COMJEAN, ANNA, , ,		Date of Receipt
Mailing Address 99 INDEPENDENCE RD		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City CONCORD	State MA	Zip Code 01742
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4399
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. KUCZKIR, MARY, , ,		Date of Receipt
Mailing Address 1006 SOUTH MAIN ST		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2017"/>
City SUMMERVILLE	State SC	Zip Code 29483
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4257
Name of Employer (for Individual) SELF-EMPLOYED		Occupation (for Individual) WRITER/AUTHOR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 153
	<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)
AMERICA FIRST ACTION, INC.

A. LAMBRACHE, EMIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 516 FREDERICK LN
 City PRESCOTT State AZ Zip Code 86301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ARM LTD Occupation (for Individual) ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 08 / 2017**
Transaction ID : SA11AI.4214
 Amount of Each Receipt this Period 500.00
 Memo Item

B. LANEY, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4111 MANORFIELD
 City SEABROOK State TX Zip Code 77586
 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 ▼ 300.00

Date of Receipt **10 / 31 / 2017**
Transaction ID : SA11AI.4479
 Amount of Each Receipt this Period 100.00
 Memo Item

C. LANEY, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4111 MANORFIELD
 City SEABROOK State TX Zip Code 77586
 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 ▼ 400.00

Date of Receipt **11 / 30 / 2017**
Transaction ID : SA11AI.4525
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 153
	<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)
AMERICA FIRST ACTION, INC.

A. LEE, GREG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26103 LAKE WOHLFORD RD
 City VALLEY CENTER State CA Zip Code 92082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TB PENICK Occupation (for Individual) CONSTRUCTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 14 / 2017
Transaction ID : SA11AI.4294
 Amount of Each Receipt this Period 250.00
 Memo Item

B. LOVE, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3503 WESTELM CT.
 City RICHMOND State TX Zip Code 77406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE GAR CO. Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2017
Transaction ID : SA11AI.4296
 Amount of Each Receipt this Period 500.00
 Memo Item

C. MANTZ, ARLAN, , DR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5201 MANORWOOD DRIVE
 City SARASOTA State FL Zip Code 34235
 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 ▼ 300.00

Date of Receipt 12 / 29 / 2017
Transaction ID : SA11AI.4596
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
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 34 OF 153
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

A. MARCATO, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 157 LAURELWOOD DR
 City PIKE ROAD State AL Zip Code 36064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 18 / 2017
Transaction ID : SA11AI.4458
 Amount of Each Receipt this Period 10000.00
 Memo Item

B. MAREK, TIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 408 BROAD ST
 City CHATTANOOGA State TN Zip Code 37402
 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 09 / 19 / 2017
Transaction ID : SA11AI.4350
 Amount of Each Receipt this Period 250.00
 Memo Item

C. MARTIN, EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 RODRIC DRIVE
 City DOVER State DE Zip Code 19901
 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 ▼ 300.00

Date of Receipt 11 / 02 / 2017
Transaction ID : SA11AI.4486
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 10350.00
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 153
	<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)
AMERICA FIRST ACTION, INC.

A. MARTIN, EDWARD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 RODRIC DRIVE

City DOVER	State DE	Zip Code 19901
---------------	-------------	-------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2017

Transaction ID : SA11AI.4526

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 6 RODRIC DRIVE

City DOVER	State DE	Zip Code 19901
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2017

Transaction ID : SA11AI.4606

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 4980 COLT LANE

City MASON	State OH	Zip Code 45040
---------------	-------------	-------------------

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

Name of Employer (for Individual) INTELLIGRATED, INC	Occupation (for Individual) EXECUTIVE
---	--

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
09		08		2017

Transaction ID : SA11AI.4216

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 153
	<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)
AMERICA FIRST ACTION, INC.

A. MCCOY, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1973 CHERYL COURT
 City LAKE OSWEGO State OR Zip Code 97034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MCCOY FREIGHTLINER Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 18 / 2017
Transaction ID : SA11AI.4328
 Amount of Each Receipt this Period 500.00
 Memo Item

B. MCGILL, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 851 VOYAGER DR.
 City HOUSTON State TX Zip Code 77062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INFORMATION REQUESTED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 13 / 2017
Transaction ID : SA11AI.4271
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. MCKEON, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48 DRUID HILL ROAD
 City NEWTON HIGHLANDS State MA Zip Code 02461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) ORTHOPEDIC MD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 02 / 2017
Transaction ID : SA11AI.4423
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 37 OF 153
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

A. MCKEON, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48 DRUID HILL ROAD
 City NEWTON HIGHLANDS State MA Zip Code 02461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) ORTHOPEDIC MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 14 / 2017
Transaction ID : SA11AI.4571
 Amount of Each Receipt this Period 100.00
 Memo Item

B. MEDVE, JAKOB, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3401 LEE PARKWAY, 2203
 City DALLAS State TX Zip Code 75219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE MEDVE GROUP Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 12 / 2017
Transaction ID : SA11AI.4495
 Amount of Each Receipt this Period 100.00
 Memo Item

C. MEDVE, JAKOB, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3401 LEE PARKWAY, 2203
 City DALLAS State TX Zip Code 75219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE MEDVE GROUP Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 12 / 2017
Transaction ID : SA11AI.4565
 Amount of Each Receipt this Period 100.00
 Memo Item

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:	PAGE 38 OF 153
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

A. METCALFE, NORMAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2007 BAYADERE TERRACE
 City CORONA DEL MAR State CA Zip Code 92625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NORMAN METCALFE Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 09 / 2017**
Transaction ID : SA11AI.4435
 Amount of Each Receipt this Period 500.00
 Memo Item

B. MEZZALINGUA, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8111 BAY COLONY DR
 City NAPLES State FL Zip Code 34108
 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 **09 / 07 / 2017**
Transaction ID : SA11AI.4204
 Amount of Each Receipt this Period 250.00
 Memo Item

C. MIGUEL, JUAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 S MIAMI AVE., #3507
 City MIAMI State FL Zip Code 33130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JUAN GABRIEL MIGUEL PA Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 06 / 2017**
Transaction ID : SA11AI.4537
 Amount of Each Receipt this Period 250.00
 Memo Item

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 39 OF 153
	<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)
AMERICA FIRST ACTION, INC.

A. MILLER, GLENNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16532 SOMERSET LN
 City HUNTINGTON BEACH State CA Zip Code 92649
 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 ▼ 1000.00

Date of Receipt **12 / 31 / 2017**
Transaction ID : SA11AI.4604
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. MINDALA, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9640 WEATHERVANE
 City CHAGRIN FALLS State OH Zip Code 44023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 08 / 2017**
Transaction ID : SA11AI.4224
 Amount of Each Receipt this Period 500.00
 Memo Item

C. MORRIS, RALPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4802 RIO ST
 City FARMINGTON State NM Zip Code 87402
 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 ▼ 1000.00

Date of Receipt **12 / 29 / 2017**
Transaction ID : SA11AI.4595
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 153
	<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)
AMERICA FIRST ACTION, INC.

A. MOSCATEL, ALBERT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4458 ST CLAIR AVE

City STUDIO CITY	State CA	Zip Code 91604
---------------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2017

Transaction ID : SA11AI.4265

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 29325 CHAGRIN BLVD # 300

City BEACHWOOD	State OH	Zip Code 44122
-------------------	-------------	-------------------

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

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

Aggregate Year-to-Date ▼
1000000.00

Date of Receipt

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

Transaction ID : SA11AI.4614

Amount of Each Receipt this Period
1000000.00

Memo Item

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

Mailing Address 23021 GROW RD

City EUSTIS	State FL	Zip Code 32736
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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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2017

Transaction ID : SA11AI.4568

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000500.00
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 153
	<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)
AMERICA FIRST ACTION, INC.

A. NADEAU, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1633 STANFORD ST
 City SANTA MONICA State CA Zip Code 90404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NADEAU CORPORATION Occupation (for Individual) CEO
 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
 10 / 11 / 2017
Transaction ID : SA11AI.4441
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. NEDBALL, CRAIG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 388 KNIGHTS BRIDGE ROAD
 City SPRING HILL State FL Zip Code 34609
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2017
Transaction ID : SA11AI.4401
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. NELSON, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6725 TROON LANE SE
 City OLYMPIA State WA Zip Code 98501
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.4302
 Amount of Each Receipt this Period
 250.00
 Memo Item

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 42 OF 153
	<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)
AMERICA FIRST ACTION, INC.

A. NELSON, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6725 TROON LANE SE
 City OLYMPIA State WA Zip Code 98501
 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 ▼ 550.00

Date of Receipt **09 / 21 / 2017**
Transaction ID : SA11AI.4378
 Amount of Each Receipt this Period 300.00
 Memo Item

B. PALMER, GEOFFREY, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 270 N. CANON DRIVE
 City BEVERLY HILLS State CA Zip Code 90210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) G. H. PALMER ASSOCIATES Occupation (for Individual) REAL ESTATE DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000000.00

Date of Receipt **11 / 03 / 2017**
Transaction ID : SA11AI.4488
 Amount of Each Receipt this Period 2000000.00
 Memo Item

C. PELGRIFT, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 LINCOLN AVE
 City OLD GREENWICH State CT Zip Code 06870
 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 **09 / 16 / 2017**
Transaction ID : SA11AI.4316
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000550.00
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 43 OF 153
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

A. PERKS, LACHLAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 OLIVE BRANCH RD
 City BROCK State TX Zip Code 76087
 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 **12 / 11 / 2017**
Transaction ID : SA11AI.4561
 Amount of Each Receipt this Period 250.00
 Memo Item

B. PETERSEN, SHAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2102 ROCK ROSE COURT
 City WESTLAKE State TX Zip Code 76262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EXECUTIVE WORKSPACE Occupation (for Individual) PRINCIPAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 16 / 2017**
Transaction ID : SA11AI.4449
 Amount of Each Receipt this Period 500.00
 Memo Item

C. POZZI, ERNEST, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2555 PENNSYLVANIA AVE NW 804
 City WASHINGTON State DC Zip Code 20037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 08 / 2017**
Transaction ID : SA11AI.4222
 Amount of Each Receipt this Period 500.00
 Memo Item

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

1250.00

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

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

FOR LINE NUMBER: PAGE 44 OF 153
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

A. PUFFER, DUNCAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5159 MAPLE GROVE ROAD
 City HERMANTOWN State MN Zip Code 55811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) SURGEON
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 06 / 2017
Transaction ID : SA11AI.4543
 Amount of Each Receipt this Period 250.00
 Memo Item

B. PUGH, DALE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 MUSGRAVE STREET
 City PITTSBURGH State PA Zip Code 15207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALLEGHENY COUNTY SHERIFF'S OFFICE Occupation (for Individual) DEPUTY SHERIFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 29 / 2017
Transaction ID : SA11AI.4589
 Amount of Each Receipt this Period 50.00
 Memo Item

C. PUZDER, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1009 WEST MAIN STREET
 City FRANKLIN State TN Zip Code 37064
 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 ▼ 5000.00

Date of Receipt 11 / 20 / 2017
Transaction ID : SA11AI.4501
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 5300.00
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 45 OF 153
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

A. RATCLIFF, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1233 DESIERTO SECO DR
 City EL PASO State TX Zip Code 79912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INFORMATION REQUESTED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2017
Transaction ID : SA11AI.4324
 Amount of Each Receipt this Period 250.00
 Memo Item

B. RAYNER, SOPHIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10801 W CHARLESTON BLVD, STE 400
 City LAS VEGAS State NV Zip Code 89135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 08 / 2017
Transaction ID : SA11AI.4554
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. RAYNER, SOPHIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10801 W CHARLESTON BLVD, STE 400
 City LAS VEGAS State NV Zip Code 89135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 12 / 19 / 2017
Transaction ID : SA11AI.4582
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1350.00
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 46 OF 153
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

A. RICE, KEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 5070
 City CAMP VERDE State TX Zip Code 78010
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2017
Transaction ID : SA11AI.4380
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. ROBINSON, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 750 NE 33RD ST
 City BOCA RATON State FL Zip Code 33431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INFORMATION REQUESTED
 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
 12 / 19 / 2017
Transaction ID : SA11AI.4580
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. RODACK, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16051 COLLINS AVENUE
 City SUNNY ISLES BEACH State FL Zip Code 33160
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2017
Transaction ID : SA11AI.4330
 Amount of Each Receipt this Period
 250.00
 Memo Item

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 47 OF 153
	<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)
AMERICA FIRST ACTION, INC.

A. ROHE, CHRISTOPHER, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2705 DOLPHIN ST UNIT 2A
 City FERNANDINA State FL Zip Code 32034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MONDAY MOTORBIKES Occupation (for Individual) PRESIDENT, GOVERNMENT & INTER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 18 / 2017
Transaction ID : SA11AI.4456
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. ROHN, ELI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 244 CROWELLS RD
 City HIGHLAND PARK State NJ Zip Code 08904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US COMPANY Occupation (for Individual) COMPUTERS PROFESSIONAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 09 / 2017
Transaction ID : SA11AI.4247
 Amount of Each Receipt this Period 250.00
 Memo Item

C. ROUX, ISABELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1324 PINE BLUFF
 City ST CHARLES State MO Zip Code 63304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE HOME GROUP Occupation (for Individual) R.E. INVESTMENTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2017
Transaction ID : SA11AI.4259
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 48 OF 153
	<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)
AMERICA FIRST ACTION, INC.

A. SADLER, DANNY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 875 LAKE MATTIE RD

City AUBURNDALE	State FL	Zip Code 33823
--------------------	-------------	-------------------

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

Name of Employer (for Individual) DANNY SADLER, INC	Occupation (for Individual) HOME BUILDER
--	---

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
12	/	09	/	2017

Transaction ID : SA11AI.4557

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1001 FANNIN STE 1925

City HOUSTON	State TX	Zip Code 77002
-----------------	-------------	-------------------

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

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

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
09	/	20	/	2017

Transaction ID : SA11AI.4373

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 7880 E BECK LN # A

City SCOTTSDALE	State AZ	Zip Code 85260
--------------------	-------------	-------------------

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

Name of Employer (for Individual) PRESIDENT	Occupation (for Individual) LUXURY AUTO COLLECTION
--	---

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
11	/	30	/	2017

Transaction ID : SA11AI.4518

Amount of Each Receipt this Period
250.00

Memo Item

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 49 OF 153
	<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)
AMERICA FIRST ACTION, INC.

A. SEEGERT, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6103 OLD OLIVE HWY.
 City OROVILLE State CA Zip Code 95966
 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 09 / 29 / 2017
Transaction ID : SA11AI.4393
 Amount of Each Receipt this Period 100.00
 Memo Item

B. SEELY, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8312 CLUB RIDGE DR
 City AUSTIN State TX Zip Code 78735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2017
Transaction ID : SA11AI.4322
 Amount of Each Receipt this Period 250.00
 Memo Item

C. SEWELL, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 SOUTH WREN ST.
 City NEW ORLEANS State LA Zip Code 70124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DELTA ENERGY Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 29 / 2017
Transaction ID : SA11AI.4510
 Amount of Each Receipt this Period 250.00
 Memo Item

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 50 OF 153
	<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)
AMERICA FIRST ACTION, INC.

A. SHALLCROSS, HOWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11805 TURTLE BEACH ROAD
 City NORTH PALM BEACH State FL Zip Code 33408
 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 11 / 29 / 2017
Transaction ID : SA11AI.4514
 Amount of Each Receipt this Period 250.00
 Memo Item

B. SHOOP, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5370 SOUTH KENYON STREET
 City SEATTLE State WA Zip Code 98118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KENTIK Occupation (for Individual) SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2017
Transaction ID : SA11AI.4263
 Amount of Each Receipt this Period 500.00
 Memo Item

C. SICARI, JOE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25439 N 89TH ST
 City SCOTTSDALE State AZ Zip Code 85255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PARAGON VISION SCIENCES Occupation (for Individual) OWNER & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 08 / 2017
Transaction ID : SA11AI.4220
 Amount of Each Receipt this Period 250.00
 Memo Item

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 51 OF 153
	<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)
AMERICA FIRST ACTION, INC.

A. SIMMONS, HARDWICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 83 HAMMETTS COVE ROAD
 City MARION State MA Zip Code 02738
 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 ▼ 1000.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.4523
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. SMITH, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5700 S ASPEN COURT
 City GREENWOOD VILLAGE State CO Zip Code 80121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INVESTMENTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2017
Transaction ID : SA11AI.4552
 Amount of Each Receipt this Period 250.00
 Memo Item

C. SNYDER, BRENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 QUAILWOOD PARKWAY
 City LA PLATA State MD Zip Code 20646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 30 / 2017
Transaction ID : SA11AI.4474
 Amount of Each Receipt this Period 250.00
 Memo Item

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 52 OF 153
	<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)
AMERICA FIRST ACTION, INC.

A. SPRAGUE, ROBERT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6899 COLLINS AVE. APT 2608N

City MIAMI BEACH	State FL	Zip Code 33141
---------------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2017

Transaction ID : SA11AI.4285

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1400 AFFLINK PLACE, SUITE 100

City TUSCALOOSA	State AL	Zip Code 35406
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID : SA11AI.4616

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address PO BOX 26

City COYANOSA	State TX	Zip Code 79730
------------------	-------------	-------------------

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

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

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
09		07		2017

Transaction ID : SA11AI.4210

Amount of Each Receipt this Period
250.00

Memo Item

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 53 OF 153
	<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)
AMERICA FIRST ACTION, INC.

A. STEPHAN, CLARENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 26
 City COYANOSA State TX Zip Code 79730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 29 / 2017
Transaction ID : SA11AI.4395
 Amount of Each Receipt this Period 250.00
 Memo Item

B. STOFF, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 CLEVELAND CT
 City PALM COAST State FL Zip Code 32137
 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 09 / 08 / 2017
Transaction ID : SA11AI.4226
 Amount of Each Receipt this Period 250.00
 Memo Item

C. STRATEGIC RESOURCE GROUP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2037 HAZEL HEDGE LN
 City MONTGOMERY State AL Zip Code 36106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 26 / 2017
Transaction ID : SA11AI.4619
 Amount of Each Receipt this Period 5000.00
 Memo Item

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 54 OF 153
	<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)
AMERICA FIRST ACTION, INC.

A. STROH, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15126 UNA ST
 City CALDWELL State ID Zip Code 83607
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2017
Transaction ID : SA11AI.4563
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. SWAIN, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19035 WATERFORD COVE
 City HOUSTON State TX Zip Code 77094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2017
Transaction ID : SA11AI.4356
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. SYMONS, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1080 HEARST DR
 City PLEASANTON State CA Zip Code 94566
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2017
Transaction ID : SA11AI.4281
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	800.00
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 55 OF 153
	<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)
AMERICA FIRST ACTION, INC.

A. TALCOTT, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 186 ANTLER LANE
 City GOLDEN State CO Zip Code 80403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2017
Transaction ID : SA11AI.4577
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. TAYLOR, JEFFERY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 684
 City POUNDING MILL State VA Zip Code 24637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) TAYLOR CATTLE COMPANY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2017
Transaction ID : SA11AI.4454
 Amount of Each Receipt this Period
 10000.00
 Memo Item

C. THORNTON, WADE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 820 GLEN LEVEN DR.
 City NASHVILLE State TN Zip Code 37204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WILLIAMSON COUNTY Occupation (for Individual) BUS DRIVER
 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
 09 / 15 / 2017
Transaction ID : SA11AI.4312
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	10750.00
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 153
	<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)
AMERICA FIRST ACTION, INC.

A. TILL, MICHAEL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 71 N GARY GLEN CIR

City THE WOODLANDS	State TX	Zip Code 77382
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) PCS SOFTWARE, INC.	Occupation (for Individual) BUSINESS OWNER
---	---

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
09		19		2017

Transaction ID : SA11AI.4346

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 101 CLARKSON LANE

City VERO BEACH	State FL	Zip Code 32963
--------------------	-------------	-------------------

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

Name of Employer (for Individual) STORM SOLUTIONS USA	Occupation (for Individual) DEALER
--	---------------------------------------

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
10		08		2017

Transaction ID : SA11AI.4433

Amount of Each Receipt this Period
250.00

Memo Item

C. TRUMP, DONALD, J, , JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 725 FIFTH AVENUE

City NEW YORK	State NY	Zip Code 10022
------------------	-------------	-------------------

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

Name of Employer (for Individual) THE TRUMP ORG.	Occupation (for Individual) EXECUTIVE VP
---	---

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
10		24		2017

Transaction ID : SA11AI.4463

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6250.00
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 153
	<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)
AMERICA FIRST ACTION, INC.

A. VANDERVELDE, MURPHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 193 WINDING RIVER RD
 City WELLESLEY State MA Zip Code 02482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WINDING RIVER HEALTHCARE PARTNERS Occupation (for Individual) HEALTHCARE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2017
Transaction ID : SA11AI.4273
 Amount of Each Receipt this Period 500.00
 Memo Item

B. WALLACE, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3830 COASTAL HIGHWAY
 City ST AUGUSTINE State FL Zip Code 32084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HEALTHSMART Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 14 / 2017
Transaction ID : SA11AI.4275
 Amount of Each Receipt this Period 250.00
 Memo Item

C. WALLACE, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3830 COASTAL HIGHWAY
 City ST AUGUSTINE State FL Zip Code 32084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HEALTHSMART Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 07 / 2017
Transaction ID : SA11AI.4428
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 153
	<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)
AMERICA FIRST ACTION, INC.

A. WELLBORN CABINET, INC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38669 HWY 77
 PO BOX 1210

City ASHLAND	State AL	Zip Code 36251
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2017

Transaction ID : SA11AI.4621

Amount of Each Receipt this Period
 10000.00

Memo Item

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

Mailing Address 330 KNOTTINGHAM CIRCLE

City LIVERMORE	State CA	Zip Code 94551
-------------------	-------------	-------------------

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
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2017

Transaction ID : SA11AI.4348

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 476 NEIFFER ROAD

City SCHWENKSVILLEE	State PA	Zip Code 19473
------------------------	-------------	-------------------

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

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

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
 08 / 31 / 2017

Transaction ID : SA11AI.4186

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	10750.00
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 59 OF 153
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WOLFE, WENDY, , ,

Mailing Address 101 HIGHWAY 7

City TONASKET	State WA	Zip Code 98855
------------------	-------------	-------------------

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

M M	/	D D	/	Y Y Y Y
09		19		2017

Transaction ID : SA11AI.4354

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	3576276.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. 1ST BANKCARD

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4627
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. 1ST BANKCARD

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4628
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. 1ST BANKCARD

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4629
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. 1ST BANKCARD

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4630
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. 1ST BANKCARD

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4631
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. 1ST BANKCARD

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4632
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. 1ST BANKCARD

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 05 / 2017

FEC Identification Number

C

Transaction ID : SB21B.4637

Amount of Each Disbursement this Period

19315.13

Memo Item

Full Name (Last, First, Middle Initial)

B. 1ST BANKCARD

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.4633

Amount of Each Disbursement this Period

1610.58

Memo Item

Full Name (Last, First, Middle Initial)

C. 1ST BANKCARD

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 15 / 2017

FEC Identification Number

C

Transaction ID : SB21B.4636

Amount of Each Disbursement this Period

1229.69

Memo Item

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

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

22155.40

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. 1ST BANKCARD

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4634
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. 1ST BANKCARD

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4638
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. 1ST BANKCARD

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4635
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. 800-CEO-READ		Date of Disbursement MM / DD / YYYY 12 / 19 / 2017
Mailing Address 544 SOUTH 1ST STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4927 Amount of Each Disbursement this Period 8827.57
City MILWAUKEE	State WI	Zip Code 53204
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.4638]: DONOR COLLATERAL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. AHEARN, JOSEPH, , ,		Date of Disbursement MM / DD / YYYY 10 / 02 / 2017
Mailing Address C/O AMERICA FIRST ACTION INC 1400 CRYSTAL DRIVE STE 850		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4640 Amount of Each Disbursement this Period 2699.36
City ARLINGTON	State VA	Zip Code 22202
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. AHEARN, JOSEPH, , ,		Date of Disbursement MM / DD / YYYY 11 / 03 / 2017
Mailing Address C/O AMERICA FIRST ACTION INC 1400 CRYSTAL DRIVE STE 850		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4641 Amount of Each Disbursement this Period 4355.34
City ARLINGTON	State VA	Zip Code 22202
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES IF REQUIRED		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	7054.70
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. AHEARN, JOSEPH, , ,		Date of Disbursement MM / DD / YYYY 12 / 07 / 2017
Mailing Address C/O AMERICA FIRST ACTION INC 1400 CRYSTAL DRIVE STE 850		FEC Identification Number C Transaction ID : SB21B.4642 Amount of Each Disbursement this Period 306.80
City ARLINGTON	State VA	
Zip Code 22202		Memo Item <input type="checkbox"/>
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		
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. AHEARN, JOSEPH, , ,		Date of Disbursement MM / DD / YYYY 12 / 20 / 2017
Mailing Address C/O AMERICA FIRST ACTION INC 1400 CRYSTAL DRIVE STE 850		FEC Identification Number C Transaction ID : SB21B.4643 Amount of Each Disbursement this Period 329.10
City ARLINGTON	State VA	
Zip Code 22202		Memo Item <input type="checkbox"/>
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		
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. AHEARN, JOSEPH, , ,		Date of Disbursement MM / DD / YYYY 12 / 20 / 2017
Mailing Address C/O AMERICA FIRST ACTION INC 1400 CRYSTAL DRIVE STE 850		FEC Identification Number C Transaction ID : SB21B.4644 Amount of Each Disbursement this Period 2049.96
City ARLINGTON	State VA	
Zip Code 22202		Memo Item <input type="checkbox"/>
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		
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)..... ▶

2685.86

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. AMAZON.COM		Date of Disbursement MM / DD / YYYY 12 / 04 / 2017
Mailing Address 410 TERRY AVE. NORTH		FEC Identification Number C Transaction ID : SB21B.4887 Amount of Each Disbursement this Period 76.18
City SEATTLE	State WA	
Zip Code 98109		Category/Type
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.4633]: OFFICE SUPPLIES		
Candidate Name		Memo Item <input checked="" type="checkbox"/>
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. AMAZON.COM		Date of Disbursement MM / DD / YYYY 12 / 11 / 2017
Mailing Address 410 TERRY AVE. NORTH		FEC Identification Number C Transaction ID : SB21B.4918 Amount of Each Disbursement this Period 67.94
City SEATTLE	State WA	
Zip Code 98109		Category/Type
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.4636]: OFFICE SUPPLIES		
Candidate Name		Memo Item <input checked="" type="checkbox"/>
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. AMAZON.COM		Date of Disbursement MM / DD / YYYY 12 / 12 / 2017
Mailing Address 410 TERRY AVE. NORTH		FEC Identification Number C Transaction ID : SB21B.4919 Amount of Each Disbursement this Period 178.00
City SEATTLE	State WA	
Zip Code 98109		Category/Type
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.4636]: OFFICE SUPPLIES		
Candidate Name		Memo Item <input checked="" type="checkbox"/>
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).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. AMAZON.COM		Date of Disbursement MM / DD / YYYY 12 / 20 / 2017
Mailing Address 410 TERRY AVE. NORTH		FEC Identification Number C [] Transaction ID : SB21B.4908 Amount of Each Disbursement this Period [] 47.98
City SEATTLE	State WA	Zip Code 98109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.4635]: OFFICE SUPPLIES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. AMERICA FIRST POLICIES, INC.		Date of Disbursement MM / DD / YYYY 12 / 31 / 2017
Mailing Address 1400 CRYSTAL DRIVE SUITE 850		FEC Identification Number C [] Transaction ID : SB21B.4164 Amount of Each Disbursement this Period [] 112426.00
City ARLINGTON	State VA	Zip Code 22202
Purpose of Disbursement IN-KIND- PAYROLL / OFFICE EXPENSES/ OTHER SHARED DIRECT EXPENSES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 24 / 2017
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [] Transaction ID : SB21B.4993 Amount of Each Disbursement this Period [] 462.40
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement WALSH REIMBURSEMENT [SB21B.4654]: TRAVEL: AIR		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 112426.00
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

A. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement MASON REIMBURSEMENT [SB21B.4647]: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 04 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4999

Amount of Each Disbursement this Period: 541.30

Memo Item

B. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement MASON REIMBURSEMENT [SB21B.4647]: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 04 / 2017

FEC Identification Number: C

Transaction ID : SB21B.5000

Amount of Each Disbursement this Period: 541.30

Memo Item

C. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement WALSH REIMBURSEMENT [SB21B.4657]: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 12 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4998

Amount of Each Disbursement this Period: 462.20

Memo Item

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

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

0.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

A. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement WALSH REIMBURSEMENT [SB21B.4657]: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 23 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4995

Amount of Each Disbursement this Period: 598.41

Memo Item

B. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement WALSH REIMBURSEMENT [SB21B.4657]: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 23 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4996

Amount of Each Disbursement this Period: 598.41

Memo Item

C. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement WALSH REIMBURSEMENT [SB21B.4657]: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 23 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4997

Amount of Each Disbursement this Period: 598.41

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 25 / 2017
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [] Transaction ID : SB21B.5001 Amount of Each Disbursement this Period [] 381.21
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement MASON REIMBURSEMENT [SB21B.4648]: TRAVEL: AIR		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [] Transaction ID : SB21B.5002 Amount of Each Disbursement this Period [] 520.41
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement MASON REIMBURSEMENT [SB21B.4648]: TRAVEL: AIR		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 27 / 2017
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [] Transaction ID : SB21B.4994 Amount of Each Disbursement this Period [] 158.00
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement WALSH REIMBURSEMENT [SB21B.4657]: TRAVEL: AIR		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

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

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

0.00

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

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<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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. AMTRAK

Mailing Address 60 MASSACHUSETTS AVE NE

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement
AHEARN REIMBURSEMENT [SB21B.4640]: TRAVEL: RAIL

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C []

Transaction ID : **SB21B.4989**

Amount of Each Disbursement this Period

[] 198.00 []

Memo Item

Full Name (Last, First, Middle Initial)

B. AMTRAK

Mailing Address 60 MASSACHUSETTS AVE NE

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement
AHEARN REIMBURSEMENT [SB21B.4641]: TRAVEL: RAIL

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C []

Transaction ID : **SB21B.4990**

Amount of Each Disbursement this Period

[] 289.00 []

Memo Item

Full Name (Last, First, Middle Initial)

C. AMTRAK

Mailing Address 60 MASSACHUSETTS AVE NE

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement
AHEARN REIMBURSEMENT [SB21B.4642]: TRAVEL: RAIL

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C []

Transaction ID : **SB21B.4991**

Amount of Each Disbursement this Period

[] 185.00 []

Memo Item

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

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

[] 0.00 []

[] [] [] [] [] [] [] [] [] []

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. ANN HAND LLC		Date of Disbursement MM / DD / YYYY 12 / 18 / 2017
Mailing Address 3236 PROSPECT STREET NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4758 Amount of Each Disbursement this Period [REDACTED] 8453.75
City WASHINGTON	State DC	Zip Code 20007
Purpose of Disbursement DONOR COLLATERAL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ANN HAND LLC		Date of Disbursement MM / DD / YYYY 12 / 19 / 2017
Mailing Address 3236 PROSPECT STREET NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4928 Amount of Each Disbursement this Period [REDACTED] 20000.00
City WASHINGTON	State DC	Zip Code 20007
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.4638]: DONOR COLLATERAL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. APPLE STORE		Date of Disbursement MM / DD / YYYY 06 / 27 / 2017
Mailing Address 1 INFINITE LOOP		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4985 Amount of Each Disbursement this Period [REDACTED] 407.99
City CUPERTINO	State CA	Zip Code 95014
Purpose of Disbursement MASON REIMBURSEMENT [SB21B.4646]: OFFICE SUPPLIES		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 8453.75
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. BENJAMIN BAR AND LOUNGE		Date of Disbursement MM / DD / YYYY 09 / 28 / 2017
Mailing Address 1100 PENNSYLVANIA AVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4953 Amount of Each Disbursement this Period [REDACTED] 475.00
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement AHEARN REIMBURSEMENT [SB21B.4640]: MEETING EXPENSE: MEALS		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. BENJAMIN BAR AND LOUNGE		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address 1100 PENNSYLVANIA AVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4983 Amount of Each Disbursement this Period [REDACTED] 73.80
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement AHEARN REIMBURSEMENT [SB21B.4641]: TRAVEL: FOOD		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. BEST BUY		Date of Disbursement MM / DD / YYYY 06 / 28 / 2017
Mailing Address 140 DEPOT ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4981 Amount of Each Disbursement this Period [REDACTED] 63.58
City BELLINGHAM	State MA	Zip Code 02019
Purpose of Disbursement MASON REIMBURSEMENT [SB21B.4646]: OFFICE SUPPLIES		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. BEVERLY HILLS PLAZA HOTEL

Mailing Address 10300 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90024

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4628]: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 08 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4870
Amount of Each Disbursement this Period
1357.90

Memo Item

Full Name (Last, First, Middle Initial)

B. BLT PRIME

Mailing Address 1100 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
WALSH REIMBURSEMENT [SB21B.4658]: MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 17 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4977
Amount of Each Disbursement this Period
94.20

Memo Item

Full Name (Last, First, Middle Initial)

C. BLT PRIME

Mailing Address 1100 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
AHEARN REIMBURSEMENT [SB21B.4643]: MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B.4978
Amount of Each Disbursement this Period
116.90

Memo Item

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

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. BULLDOG COMPLIANCE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 138 CONANT ST 2ND FLOOR		FEC Identification Number C [] Transaction ID : SB21B.4735 Amount of Each Disbursement this Period 6000.00
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. BULLDOG COMPLIANCE		Date of Disbursement MM / DD / YYYY 11 / 30 / 2017
Mailing Address 138 CONANT ST 2ND FLOOR		FEC Identification Number C [] Transaction ID : SB21B.4736 Amount of Each Disbursement this Period 3017.51
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. BULLDOG COMPLIANCE		Date of Disbursement MM / DD / YYYY 12 / 29 / 2017
Mailing Address 138 CONANT ST 2ND FLOOR		FEC Identification Number C [] Transaction ID : SB21B.4737 Amount of Each Disbursement this Period 3000.00
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	12017.51
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

A. CAPITAL RESEARCH GROUP, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1101 K STREET, NW SUITE 800

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
RESEARCH AND AD VERIFICATION SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.4705

Amount of Each Disbursement this Period

2500.00

Memo Item

B. DAC ENTERPRISES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 19650 CLUB HOUSE ROAD, STE 201A

City
MONTGOMERY VILLAGE

State
MD

Zip Code
20886

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
								0	9				1

FEC Identification Number

C

Transaction ID : SB21B.4729

Amount of Each Disbursement this Period

15000.00

Memo Item

C. DAC ENTERPRISES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 19650 CLUB HOUSE ROAD, STE 201A

City
MONTGOMERY VILLAGE

State
MD

Zip Code
20886

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.4730

Amount of Each Disbursement this Period

7500.00

Memo Item

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

25000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. DAC ENTERPRISES LLC		Date of Disbursement MM / DD / YYYY 10 / 31 / 2017
Mailing Address 19650 CLUB HOUSE ROAD, STE 201A		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4731 Amount of Each Disbursement this Period [REDACTED] 1719.01
City MONTGOMERY VILLAGE	State MD	Zip Code 20886
Purpose of Disbursement COMMUNICATIONS CONSULTING		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. DAC ENTERPRISES LLC		Date of Disbursement MM / DD / YYYY 11 / 27 / 2017
Mailing Address 19650 CLUB HOUSE ROAD, STE 201A		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4732 Amount of Each Disbursement this Period [REDACTED] 7500.00
City MONTGOMERY VILLAGE	State MD	Zip Code 20886
Purpose of Disbursement COMMUNICATIONS CONSULTING		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. DRIZLY		Date of Disbursement MM / DD / YYYY 06 / 27 / 2017
Mailing Address 334 BOYLSTON ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4975 Amount of Each Disbursement this Period [REDACTED] 421.34
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement MASON REIMBURSEMENT [SB21B.4646]: CATERING SUPPLIES		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 9219.01
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. FEDERAL EXPRESS		Date of Disbursement MM / DD / YYYY 11 / 29 / 2017
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [] Transaction ID : SB21B.4877 Amount of Each Disbursement this Period [] 13.50
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.4631]: DELIVERY EXPENSE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. FEDERAL EXPRESS		Date of Disbursement MM / DD / YYYY 12 / 06 / 2017
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [] Transaction ID : SB21B.4888 Amount of Each Disbursement this Period [] 278.22
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.4633]: DELIVERY EXPENSE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. FEDERAL EXPRESS		Date of Disbursement MM / DD / YYYY 12 / 08 / 2017
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [] Transaction ID : SB21B.4889 Amount of Each Disbursement this Period [] 116.59
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.4633]: DELIVERY EXPENSE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

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

[] 0.00

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

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. FEDERAL EXPRESS		Date of Disbursement MM / DD / YYYY 12 / 19 / 2017
Mailing Address 1700 JEFFERSON DAVIS HWY		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4910 Amount of Each Disbursement this Period [REDACTED] 20.11
City ARLINGTON	State VA	Zip Code 22202
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.4635]: DELIVERY EXPENSE		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. FEDERAL EXPRESS		Date of Disbursement MM / DD / YYYY 12 / 20 / 2017
Mailing Address 1700 JEFFERSON DAVIS HWY		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4911 Amount of Each Disbursement this Period [REDACTED] 133.78
City ARLINGTON	State VA	Zip Code 22202
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.4635]: DELIVERY EXPENSE		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. FEDERAL EXPRESS		Date of Disbursement MM / DD / YYYY 12 / 21 / 2017
Mailing Address 1700 JEFFERSON DAVIS HWY		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4912 Amount of Each Disbursement this Period [REDACTED] 42.28
City ARLINGTON	State VA	Zip Code 22202
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.4635]: DELIVERY EXPENSE		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. GREEN MONSTER CONSULTING, LLC		Date of Disbursement MM / DD / YYYY 08 / 15 / 2017
Mailing Address PO BOX 1492		FEC Identification Number C [] Transaction ID : SB21B.4862
City SALEM	State NH	Zip Code 03079
Purpose of Disbursement STRATEGY CONSULTING		Amount of Each Disbursement this Period [] 5000.00
Candidate Name		Category/Type []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. GREEN MONSTER CONSULTING, LLC		Date of Disbursement MM / DD / YYYY 08 / 30 / 2017
Mailing Address PO BOX 1492		FEC Identification Number C [] Transaction ID : SB21B.4863
City SALEM	State NH	Zip Code 03079
Purpose of Disbursement STRATEGY CONSULTING		Amount of Each Disbursement this Period [] 10000.00
Candidate Name		Category/Type []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. GREEN MONSTER CONSULTING, LLC		Date of Disbursement MM / DD / YYYY 09 / 26 / 2017
Mailing Address PO BOX 1492		FEC Identification Number C [] Transaction ID : SB21B.4864
City SALEM	State NH	Zip Code 03079
Purpose of Disbursement STRATEGY CONSULTING		Amount of Each Disbursement this Period [] 10000.00
Candidate Name		Category/Type []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 25000.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. GREEN MONSTER CONSULTING, LLC		Date of Disbursement MM / DD / YYYY 10 / 25 / 2017
Mailing Address PO BOX 1492		FEC Identification Number C [] Transaction ID : SB21B.4865 Amount of Each Disbursement this Period 10000.00
City SALEM	State NH	Zip Code 03079
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. GREEN MONSTER CONSULTING, LLC		Date of Disbursement MM / DD / YYYY 11 / 27 / 2017
Mailing Address PO BOX 1492		FEC Identification Number C [] Transaction ID : SB21B.4866 Amount of Each Disbursement this Period 10000.00
City SALEM	State NH	Zip Code 03079
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. GREEN MONSTER CONSULTING, LLC		Date of Disbursement MM / DD / YYYY 12 / 27 / 2017
Mailing Address PO BOX 1492		FEC Identification Number C [] Transaction ID : SB21B.4867 Amount of Each Disbursement this Period 10000.00
City SALEM	State NH	Zip Code 03079
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

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

30000.00
[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. HYATT HOTELS

Mailing Address 150 NORTH RIVERSIDE PLAZA, 8TH FLO

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement WALSH REIMBURSEMENT [SB21B.4657]: TRAVEL: LODGING

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4973
 Amount of Each Disbursement this Period
 182.80

Memo Item

Full Name (Last, First, Middle Initial)

B. INFIRMARY

Mailing Address 1720 2ND AVE

City NEW YORK State NY Zip Code 10128

Purpose of Disbursement AHEARN REIMBURSEMENT [SB21B.4640]: MEETING EXPENSE: MEALS

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4971
 Amount of Each Disbursement this Period
 64.65

Memo Item

Full Name (Last, First, Middle Initial)

C. JAMESTOWN ASSOCIATES

Mailing Address 116 CRAIG ROAD

City MANALAPAN State NJ Zip Code 07726

Purpose of Disbursement MEDIA CONSULTING

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
11 / 28 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4707
 Amount of Each Disbursement this Period
 17948.25

Memo Item

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

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

17948.25

**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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. JEAN GEORGES		Date of Disbursement MM / DD / YYYY 10 / 10 / 2017
Mailing Address 1 CENTRAL PARK WEST		FEC Identification Number C [] Transaction ID : SB21B.4969 Amount of Each Disbursement this Period [] 62.26
City NEW YORK	State NY	Zip Code 10023
Purpose of Disbursement AHEARN REIMBURSEMENT [SB21B.4641]: TRAVEL: FOOD		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. JONES DAY		Date of Disbursement MM / DD / YYYY 10 / 16 / 2017
Mailing Address PO BOX 7805		FEC Identification Number C [] Transaction ID : SB21B.4768 Amount of Each Disbursement this Period [] 18226.25
City WASHINGTON	State DC	Zip Code 20044
Purpose of Disbursement LEGAL CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. JONES DAY		Date of Disbursement MM / DD / YYYY 10 / 17 / 2017
Mailing Address PO BOX 7805		FEC Identification Number C [] Transaction ID : SB21B.4769 Amount of Each Disbursement this Period [] 9308.50
City WASHINGTON	State DC	Zip Code 20044
Purpose of Disbursement LEGAL CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 27534.75
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. JONES DAY

Mailing Address PO BOX 7805

City
WASHINGTON

State
DC

Zip Code
20044

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4770

Amount of Each Disbursement this Period

[REDACTED] 9105.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JONES DAY

Mailing Address PO BOX 7805

City
WASHINGTON

State
DC

Zip Code
20044

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4771

Amount of Each Disbursement this Period

[REDACTED] 14400.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KING COLE AUDIO VISUAL SERVICES

Mailing Address 47-59 49TH St

City
WOODSIDE

State
NY

Zip Code
11377

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4638]: EVENT EXPENSE: AUDIO VISUAL SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4930

Amount of Each Disbursement this Period

[REDACTED] 2717.15

Memo Item

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

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

[REDACTED] 23505.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. L.L. BEAN

Mailing Address 95 MAIN ST

City
FREEPORT

State
ME

Zip Code
04032

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4638]: DONOR COLLATERAL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4932

Amount of Each Disbursement this Period

[REDACTED] 95.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LAZ PARKING

Mailing Address 1700 PENNSYLVANIA AVE NW

City
WASHINGTON

State
DC

Zip Code
20006

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4636]: PARKING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	3			2	0	1	7		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4920

Amount of Each Disbursement this Period

[REDACTED] 22.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LAZ PARKING

Mailing Address 1700 PENNSYLVANIA AVE NW

City
WASHINGTON

State
DC

Zip Code
20006

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4634]: PARKING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4905

Amount of Each Disbursement this Period

[REDACTED] 56.00

Memo Item

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

[REDACTED] 0.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. LAZ PARKING

Mailing Address 1700 PENNSYLVANIA AVE NW

City
WASHINGTON

State
DC

Zip Code
20006

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4635]: PARKING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4913

Amount of Each Disbursement this Period

[REDACTED] 35.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LAZ PARKING

Mailing Address 1700 PENNSYLVANIA AVE NW

City
WASHINGTON

State
DC

Zip Code
20006

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4635]: PARKING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4914

Amount of Each Disbursement this Period

[REDACTED] 35.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LAZ PARKING

Mailing Address 2511 JEFFERSON DAVIS HWY

City
ARLINGTON

State
VA

Zip Code
22202

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4635]: PARKING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4916

Amount of Each Disbursement this Period

[REDACTED] 22.00

Memo Item

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

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

[REDACTED] 0.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. LOEWS REGENCY		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address 540 PARK AVENUE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4967 Amount of Each Disbursement this Period [REDACTED] 909.15
City NEW YORK	State NY	Zip Code 10065
Purpose of Disbursement AHEARN REIMBURSEMENT [SB21B.4640]: TRAVEL: LODGING		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. MARRIOTT HOTEL		Date of Disbursement MM / DD / YYYY 10 / 11 / 2017
Mailing Address 1331 PENNSYLVANIA AVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4964 Amount of Each Disbursement this Period [REDACTED] 180.63
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement WALSH REIMBURSEMENT [SB21B.4657]: TRAVEL: LODGING		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. MARRIOTT HOTEL		Date of Disbursement MM / DD / YYYY 10 / 12 / 2017
Mailing Address 1331 PENNSYLVANIA AVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4963 Amount of Each Disbursement this Period [REDACTED] 602.94
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement WALSH REIMBURSEMENT [SB21B.4657]: TRAVEL: LODGING		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

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

[REDACTED] 0.00

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

[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. MARRIOTT HOTEL		Date of Disbursement MM / DD / YYYY 12 / 13 / 2017
Mailing Address 1331 PENNSYLVANIA AVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4965 Amount of Each Disbursement this Period 405.66
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement PROCH REIMBURSEMENT [SB21B.4652]: TRAVEL: LODGING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. MASON, CARA, , ,		Date of Disbursement MM / DD / YYYY 07 / 11 / 2017
Mailing Address 611 PENNSYLVANIA AVE SE #385		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4646 Amount of Each Disbursement this Period 3245.47
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. MASON, CARA, , ,		Date of Disbursement MM / DD / YYYY 10 / 19 / 2017
Mailing Address 611 PENNSYLVANIA AVE SE #385		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4647 Amount of Each Disbursement this Period 1154.22
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	4399.69
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. MASON, CARA, , ,		Date of Disbursement MM / DD / YYYY 11 / 28 / 2017
Mailing Address 611 PENNSYLVANIA AVE SE #385		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4648 Amount of Each Disbursement this Period [REDACTED] 901.62
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. MASON STRATEGIES		Date of Disbursement MM / DD / YYYY 06 / 28 / 2017
Mailing Address 611 PENNSYLVANIA AVE SE #385		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4961 Amount of Each Disbursement this Period [REDACTED] 250.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement MASON REIMBURSEMENT [SB21B.4646]: OFFICE SUPPLIES		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. MASON STRATEGIES LLC		Date of Disbursement MM / DD / YYYY 07 / 28 / 2017
Mailing Address 611 PENNSYLVANIA AVE SE # 385		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4744 Amount of Each Disbursement this Period [REDACTED] 10000.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

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

[REDACTED] 10901.62
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. MASON STRATEGIES LLC		Date of Disbursement MM / DD / YYYY 08 / 30 / 2017
Mailing Address 611 PENNSYLVANIA AVE SE # 385		FEC Identification Number C [] Transaction ID : SB21B.4745 Amount of Each Disbursement this Period 10000.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. MASON STRATEGIES LLC		Date of Disbursement MM / DD / YYYY 09 / 26 / 2017
Mailing Address 611 PENNSYLVANIA AVE SE # 385		FEC Identification Number C [] Transaction ID : SB21B.4746 Amount of Each Disbursement this Period 10000.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. MASON STRATEGIES LLC		Date of Disbursement MM / DD / YYYY 10 / 25 / 2017
Mailing Address 611 PENNSYLVANIA AVE SE # 385		FEC Identification Number C [] Transaction ID : SB21B.4747 Amount of Each Disbursement this Period 10000.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	30000.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

A. MASON STRATEGIES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 611 PENNSYLVANIA AVE SE # 385

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 27 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4748

Amount of Each Disbursement this Period: 10000.00

Memo Item

B. MASON STRATEGIES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 611 PENNSYLVANIA AVE SE # 385

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 27 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4749

Amount of Each Disbursement this Period: 10000.00

Memo Item

C. MERCHOLOGY

Full Name (Last, First, Middle Initial)

Mailing Address 121 CHESHIRE LANE N. STE 100

City MINNEAPOLIS State MN Zip Code 55305

Purpose of Disbursement 1ST BANKCARD PMT [SB21B.4637]: DONOR COLLATERAL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4935

Amount of Each Disbursement this Period: 12177.00

Memo Item

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

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

20000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. MERCHOLOGY

Mailing Address 121 CHESHIRE LANE N. STE 100

City MINNEAPOLIS State MN Zip Code 55305

Purpose of Disbursement 1ST BANKCARD PMT [SB21B.4638]: DONOR COLLATERAL CANCELLED

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 08 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4934

Amount of Each Disbursement this Period

[REDACTED] - 12177.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MI COCINA

Mailing Address 5471 WISCONSIN AVE

City CHEVY CHASE State MD Zip Code 20815

Purpose of Disbursement AHEARN REIMBURSEMENT [SB21B.4644]: FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4959

Amount of Each Disbursement this Period

[REDACTED] 1800.02

Memo Item

Full Name (Last, First, Middle Initial)

C. MO STRATEGIES INC

Mailing Address P.O. BOX 4

City WESTFIELD State IN Zip Code 46074

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 09 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4751

Amount of Each Disbursement this Period

[REDACTED] 10000.00

Memo Item

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

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

[REDACTED] 10000.00

[REDACTED]

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

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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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. MO STRATEGIES INC		Date of Disbursement MM / DD / YYYY 08 / 30 / 2017
Mailing Address P.O. BOX 4		FEC Identification Number C Transaction ID : SB21B.4752 Amount of Each Disbursement this Period 10000.00
City WESTFIELD	State IN	
Zip Code 46074	Purpose of Disbursement FUNDRAISING CONSULTING	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. MO STRATEGIES INC		Date of Disbursement MM / DD / YYYY 09 / 26 / 2017
Mailing Address P.O. BOX 4		FEC Identification Number C Transaction ID : SB21B.4753 Amount of Each Disbursement this Period 10000.00
City WESTFIELD	State IN	
Zip Code 46074	Purpose of Disbursement FUNDRAISING CONSULTING	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. MO STRATEGIES INC		Date of Disbursement MM / DD / YYYY 10 / 25 / 2017
Mailing Address P.O. BOX 4		FEC Identification Number C Transaction ID : SB21B.4754 Amount of Each Disbursement this Period 10000.00
City WESTFIELD	State IN	
Zip Code 46074	Purpose of Disbursement FUNDRAISING CONSULTING	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).....▶	30000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
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<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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. MO STRATEGIES INC		Date of Disbursement MM / DD / YYYY 11 / 27 / 2017
Mailing Address P.O. BOX 4		FEC Identification Number C Transaction ID : SB21B.4755 Amount of Each Disbursement this Period 10000.00
City WESTFIELD	State IN	
Zip Code 46074	Purpose of Disbursement FUNDRAISING CONSULTING	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. MO STRATEGIES INC		Date of Disbursement MM / DD / YYYY 12 / 27 / 2017
Mailing Address P.O. BOX 4		FEC Identification Number C Transaction ID : SB21B.4756 Amount of Each Disbursement this Period 10000.00
City WESTFIELD	State IN	
Zip Code 46074	Purpose of Disbursement FUNDRAISING CONSULTING	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. NATIONWIDE LIMO SERVICE		Date of Disbursement MM / DD / YYYY 10 / 17 / 2017
Mailing Address 6598 FLEET DR, UNIT B		FEC Identification Number C Transaction ID : SB21B.4957 Amount of Each Disbursement this Period 195.00
City ALEXANDRIA	State VA	
Zip Code 22310	Purpose of Disbursement AHEARN REIMBURSEMENT [SB21B.4641]: TRAVEL: GROUND TRANSPORTATION	Memo Item <input checked="" 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).....▶	20000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. PARK CITIES PETALS		Date of Disbursement MM / DD / YYYY 11 / 16 / 2017
Mailing Address 6445 CEDAR SPRINGS RD #107		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4872 Amount of Each Disbursement this Period [REDACTED] 232.74
City DALLAS	State TX	Zip Code 75235
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.4629]: EVENT EXPENSE: FLOWERS		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. PARSCALE STRATEGY, LLC		Date of Disbursement MM / DD / YYYY 08 / 01 / 2017
Mailing Address 2637 E ATLANTIC BLVD# 42471		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4708 Amount of Each Disbursement this Period [REDACTED] 2730.00
City POMPANO BEACH	State FL	Zip Code 33062
Purpose of Disbursement DIGITAL DESIGN DEVELOPMENT		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. PARSCALE STRATEGY, LLC		Date of Disbursement MM / DD / YYYY 08 / 23 / 2017
Mailing Address 2637 E ATLANTIC BLVD# 42471		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4709 Amount of Each Disbursement this Period [REDACTED] 10300.00
City POMPANO BEACH	State FL	Zip Code 33062
Purpose of Disbursement DIGITAL FUNDRAISING CONSULTING		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 13030.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. PARSCALE STRATEGY, LLC		Date of Disbursement MM / DD / YYYY 09 / 01 / 2017	
Mailing Address 2637 E ATLANTIC BLVD# 42471			
City POMPANO BEACH	State FL	Zip Code 33062	
Purpose of Disbursement DIGITAL FUNDRAISING CONSULTING		<input type="checkbox"/> Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
		FEC Identification Number C Transaction ID : SB21B.4710 Amount of Each Disbursement this Period 10000.00	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. PARSCALE STRATEGY, LLC		Date of Disbursement MM / DD / YYYY 09 / 05 / 2017	
Mailing Address 2637 E ATLANTIC BLVD# 42471			
City POMPANO BEACH	State FL	Zip Code 33062	
Purpose of Disbursement DIGITAL ISSUE ADVOCACY		<input type="checkbox"/> Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
		FEC Identification Number C Transaction ID : SB21B.4711 Amount of Each Disbursement this Period 17140.00	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. PARSCALE STRATEGY, LLC		Date of Disbursement MM / DD / YYYY 10 / 02 / 2017	
Mailing Address 2637 E ATLANTIC BLVD# 42471			
City POMPANO BEACH	State FL	Zip Code 33062	
Purpose of Disbursement WEB DESIGN AND DEVELOPMENT		<input type="checkbox"/> Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
		FEC Identification Number C Transaction ID : SB21B.4712 Amount of Each Disbursement this Period 2880.00	
		<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)..... ▶	30020.00
TOTAL This Period (last page this line number only)..... ▶	

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

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<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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. PARSCALE STRATEGY, LLC		Date of Disbursement MM / DD / YYYY 10 / 02 / 2017
Mailing Address 2637 E ATLANTIC BLVD# 42471		FEC Identification Number C [] Transaction ID : SB21B.4713 Amount of Each Disbursement this Period 10000.00
City POMPANO BEACH	State FL	Zip Code 33062
Purpose of Disbursement DIGITAL FUNDRAISING CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. PARSCALE STRATEGY, LLC		Date of Disbursement MM / DD / YYYY 10 / 03 / 2017
Mailing Address 2637 E ATLANTIC BLVD# 42471		FEC Identification Number C [] Transaction ID : SB21B.4714 Amount of Each Disbursement this Period 14812.00
City POMPANO BEACH	State FL	Zip Code 33062
Purpose of Disbursement DIGITAL FUNDRAISING CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. PARSCALE STRATEGY, LLC		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address 2637 E ATLANTIC BLVD# 42471		FEC Identification Number C [] Transaction ID : SB21B.4715 Amount of Each Disbursement this Period 10000.00
City POMPANO BEACH	State FL	Zip Code 33062
Purpose of Disbursement DIGITAL FUNDRAISING CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

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

34812.00
[]

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

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<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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. PARSCALE STRATEGY, LLC		Date of Disbursement MM / DD / YYYY 11 / 03 / 2017
Mailing Address 2637 E ATLANTIC BLVD# 42471		FEC Identification Number C [] Transaction ID : SB21B.4716 Amount of Each Disbursement this Period [] 2890.43
City POMPANO BEACH	State FL	Zip Code 33062
Purpose of Disbursement DESIGN AND PRINTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. PARSCALE STRATEGY, LLC		Date of Disbursement MM / DD / YYYY 12 / 01 / 2017
Mailing Address 2637 E ATLANTIC BLVD# 42471		FEC Identification Number C [] Transaction ID : SB21B.4717 Amount of Each Disbursement this Period [] 10000.00
City POMPANO BEACH	State FL	Zip Code 33062
Purpose of Disbursement DIGITAL FUNDRAISING CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. PARSCALE STRATEGY, LLC		Date of Disbursement MM / DD / YYYY 12 / 05 / 2017
Mailing Address 2637 E ATLANTIC BLVD# 42471		FEC Identification Number C [] Transaction ID : SB21B.4718 Amount of Each Disbursement this Period [] 7500.00
City POMPANO BEACH	State FL	Zip Code 33062
Purpose of Disbursement DIGITAL FUNDRAISING CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 20390.43
TOTAL This Period (last page this line number only).....▶	[]

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

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<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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. PARSCALE STRATEGY, LLC		Date of Disbursement MM / DD / YYYY 12 / 22 / 2017	
Mailing Address 2637 E ATLANTIC BLVD# 42471		FEC Identification Number C [] Transaction ID : SB21B.4719 Amount of Each Disbursement this Period [] 39005.20	
City POMPANO BEACH	State FL	Zip Code 33062	Category/ Type []
Purpose of Disbursement DIGITAL FUNDRAISING CONSULTING			
Candidate Name		Memo Item <input type="checkbox"/>	
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. Petra RMS		Date of Disbursement MM / DD / YYYY 09 / 01 / 2017	
Mailing Address PO BOX 43709		FEC Identification Number C [] Transaction ID : SB21B.4765 Amount of Each Disbursement this Period [] 5216.03	
City BIRMINGHAM	State AL	Zip Code 35243	Category/ Type []
Purpose of Disbursement INSURANCE			
Candidate Name		Memo Item <input type="checkbox"/>	
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. Petra RMS		Date of Disbursement MM / DD / YYYY 12 / 05 / 2017	
Mailing Address PO BOX 43709		FEC Identification Number C [] Transaction ID : SB21B.4766 Amount of Each Disbursement this Period [] 59950.00	
City BIRMINGHAM	State AL	Zip Code 35243	Category/ Type []
Purpose of Disbursement INSURANCE			
Candidate Name		Memo Item <input type="checkbox"/>	
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).....▶	[] 104171.23
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. PIERSON CONSULTING GROUP		Date of Disbursement MM / DD / YYYY 10 / 06 / 2017
Mailing Address 3409 QUEENSWOOD LN		FEC Identification Number C [] Transaction ID : SB21B.4724 Amount of Each Disbursement this Period 10000.00
City GARLAND	State TX	Zip Code 75040
Purpose of Disbursement COMMUNICATIONS CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. PIERSON CONSULTING GROUP		Date of Disbursement MM / DD / YYYY 10 / 25 / 2017
Mailing Address 3409 QUEENSWOOD LN		FEC Identification Number C [] Transaction ID : SB21B.4725 Amount of Each Disbursement this Period 10000.00
City GARLAND	State TX	Zip Code 75040
Purpose of Disbursement COMMUNICATIONS CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. PIERSON CONSULTING GROUP		Date of Disbursement MM / DD / YYYY 11 / 27 / 2017
Mailing Address 3409 QUEENSWOOD LN		FEC Identification Number C [] Transaction ID : SB21B.4726 Amount of Each Disbursement this Period 10000.00
City GARLAND	State TX	Zip Code 75040
Purpose of Disbursement COMMUNICATIONS CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	30000.00
TOTAL This Period (last page this line number only).....▶	[]

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

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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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. PIERSON CONSULTING GROUP			Date of Disbursement MM / DD / YYYY 12 / 27 / 2017	
Mailing Address 3409 QUEENSWOOD LN				
City GARLAND	State TX	Zip Code 75040	FEC Identification Number C	
Purpose of Disbursement COMMUNICATIONS CONSULTING			Transaction ID : SB21B.4727	
Candidate Name			Amount of Each Disbursement this Period 10000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) B. PROCH, JON, , ,			Date of Disbursement MM / DD / YYYY 12 / 20 / 2017	
Mailing Address C/O JON PROCH TREASURER 1400 CRYSTAL DRIVE STE 850				
City ARLINGTON	State VA	Zip Code 22202	FEC Identification Number C	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES			Transaction ID : SB21B.4652	
Candidate Name			Amount of Each Disbursement this Period 541.41	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES			Date of Disbursement MM / DD / YYYY 12 / 13 / 2017	
Mailing Address 2702 LOVE FIELD DRIVE				
City DALLAS	State TX	Zip Code 75235	FEC Identification Number C	
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.4636]: TRAVEL: AIR			Transaction ID : SB21B.4922	
Candidate Name			Amount of Each Disbursement this Period 513.98	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	10541.41
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4777
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4778
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4779
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4780

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4781

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4782

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4783

Amount of Each Disbursement this Period

[REDACTED] 203.54

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4784

Amount of Each Disbursement this Period

[REDACTED] 141.98

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4785

Amount of Each Disbursement this Period

[REDACTED] 367.03

Memo Item

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

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

[REDACTED] 712.55

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4786
Amount of Each Disbursement this Period
374.55

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4787
Amount of Each Disbursement this Period
225.47

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4788
Amount of Each Disbursement this Period
433.24

Memo Item

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

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

1033.26

**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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2017

FEC Identification Number

C

Transaction ID : SB21B.4789

Amount of Each Disbursement this Period

408.30

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2017

FEC Identification Number

C

Transaction ID : SB21B.4790

Amount of Each Disbursement this Period

253.82

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2017

FEC Identification Number

C

Transaction ID : SB21B.4791

Amount of Each Disbursement this Period

118.91

Memo Item

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

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

781.03

**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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4792
Amount of Each Disbursement this Period
34.85

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4793
Amount of Each Disbursement this Period
72.90

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4794
Amount of Each Disbursement this Period
48.19

Memo Item

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

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

155.94

**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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4795
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4796
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4797
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4798
Amount of Each Disbursement this Period
507.17

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4799
Amount of Each Disbursement this Period
11.59

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4800
Amount of Each Disbursement this Period
5.25

Memo Item

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

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

524.01

**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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.4801

Amount of Each Disbursement this Period

5.86

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.4802

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 11 / 2017

FEC Identification Number

C

Transaction ID : SB21B.4803

Amount of Each Disbursement this Period

31.90

Memo Item

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

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

52.76

**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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 12 / 2017

FEC Identification Number

C

Transaction ID : SB21B.4804

Amount of Each Disbursement this Period

252.38

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 13 / 2017

FEC Identification Number

C

Transaction ID : SB21B.4805

Amount of Each Disbursement this Period

30.18

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 16 / 2017

FEC Identification Number

C

Transaction ID : SB21B.4806

Amount of Each Disbursement this Period

15.00

Memo Item

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

297.56

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4807

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4808

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4809

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4810
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4811
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4812
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B.4813
Amount of Each Disbursement this Period
11.27

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B.4814
Amount of Each Disbursement this Period
15.68

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4815
Amount of Each Disbursement this Period
1.24

Memo Item

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

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

28.19

**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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4816

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4817

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4818

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4819

Amount of Each Disbursement this Period

[REDACTED] 151.33

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4820

Amount of Each Disbursement this Period

[REDACTED] 315.60

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4821

Amount of Each Disbursement this Period

[REDACTED] 154.86

Memo Item

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

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

[REDACTED] 621.79

[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2017

FEC Identification Number

C

Transaction ID : SB21B.4822

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2017

FEC Identification Number

C

Transaction ID : SB21B.4823

Amount of Each Disbursement this Period

15.15

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2017

FEC Identification Number

C

Transaction ID : SB21B.4824

Amount of Each Disbursement this Period

13.97

Memo Item

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

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

44.12

**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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 08 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4825
Amount of Each Disbursement this Period
15.24

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 09 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4826
Amount of Each Disbursement this Period
8.75

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 13 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4827
Amount of Each Disbursement this Period
7.37

Memo Item

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

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

31.36

**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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 14 / 2017

FEC Identification Number

C

Transaction ID : SB21B.4828

Amount of Each Disbursement this Period

5.94

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 15 / 2017

FEC Identification Number

C

Transaction ID : SB21B.4829

Amount of Each Disbursement this Period

20.31

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 16 / 2017

FEC Identification Number

C

Transaction ID : SB21B.4830

Amount of Each Disbursement this Period

8.53

Memo Item

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

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

34.78

**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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 17 / 2017

FEC Identification Number

C

Transaction ID : SB21B.4831

Amount of Each Disbursement this Period

2.34

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 20 / 2017

FEC Identification Number

C

Transaction ID : SB21B.4832

Amount of Each Disbursement this Period

6.32

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.4833

Amount of Each Disbursement this Period

5.27

Memo Item

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

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

13.93

**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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B.4834
Amount of Each Disbursement this Period
240.31

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 24 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4835
Amount of Each Disbursement this Period
148.09

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 27 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4836
Amount of Each Disbursement this Period
56.52

Memo Item

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

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

444.92

**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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 28 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4837

Amount of Each Disbursement this Period

[REDACTED] 4.15

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 29 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4838

Amount of Each Disbursement this Period

[REDACTED] 2.10

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4839

Amount of Each Disbursement this Period

[REDACTED] 729.27

Memo Item

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

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

[REDACTED] 735.52

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4840
Amount of Each Disbursement this Period
163.61

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4841
Amount of Each Disbursement this Period
200.69

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 05 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4842
Amount of Each Disbursement this Period
94.55

Memo Item

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

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

458.85

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

Use separate schedule(s)
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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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 06 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4843
Amount of Each Disbursement this Period
63.29

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 07 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4844
Amount of Each Disbursement this Period
132.71

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B.4845
Amount of Each Disbursement this Period
45.95

Memo Item

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

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

241.95

**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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 11 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4846

Amount of Each Disbursement this Period

[REDACTED] 45.00

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 11 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4847

Amount of Each Disbursement this Period

[REDACTED] 236.67

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4848

Amount of Each Disbursement this Period

[REDACTED] 80.29

Memo Item

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

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

[REDACTED] 361.96

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4849
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4850
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4851
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 18 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4852
Amount of Each Disbursement this Period
95.27

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 19 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4853
Amount of Each Disbursement this Period
25.64

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B.4854
Amount of Each Disbursement this Period
22.05

Memo Item

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

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

142.96

**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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4855

Amount of Each Disbursement this Period

[REDACTED] 108.74

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 22 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4856

Amount of Each Disbursement this Period

[REDACTED] 43.51

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4857

Amount of Each Disbursement this Period

[REDACTED] 19.71

Memo Item

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

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

[REDACTED] 171.96

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 27 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4858

Amount of Each Disbursement this Period

[REDACTED] 10.96

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4859

Amount of Each Disbursement this Period

[REDACTED] 13.64

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 29 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4860

Amount of Each Disbursement this Period

[REDACTED] 3.20

Memo Item

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

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

[REDACTED] 27.80

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. TARGET

Mailing Address PO BOX 9350

City MINNEAPOLIS State MN Zip Code 55440

Purpose of Disbursement MASON REIMBURSEMENT [SB21B.4646]: OFFICE SUPPLIES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4955
 Amount of Each Disbursement this Period
 72.56

Memo Item

Full Name (Last, First, Middle Initial)

B. TARGET

Mailing Address 3101 JEFFERSON DAVIS HWY

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement 1ST BANKCARD PMT [SB21B.4631]: OFFICE SUPPLIES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4879
 Amount of Each Disbursement this Period
 74.74

Memo Item

Full Name (Last, First, Middle Initial)

C. TARGET

Mailing Address 3101 JEFFERSON DAVIS HWY

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement 1ST BANKCARD PMT [SB21B.4631]: OFFICE SUPPLIES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4880
 Amount of Each Disbursement this Period
 10.78

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. TARGET

Mailing Address 3101 JEFFERSON DAVIS HWY

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4631]: OFFICE SUPPLIES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4881
Amount of Each Disbursement this Period
25.18

Memo Item

Full Name (Last, First, Middle Initial)

B. TARGET

Mailing Address 3101 JEFFERSON DAVIS HWY

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4632]: OFFICE SUPPLIES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4883
Amount of Each Disbursement this Period
10.81

Memo Item

Full Name (Last, First, Middle Initial)

C. TARGET

Mailing Address 3101 JEFFERSON DAVIS HWY

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4632]: OFFICE SUPPLIES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4884
Amount of Each Disbursement this Period
118.65

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. TARGET

Mailing Address 3101 JEFFERSON DAVIS HWY

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4632]: OFFICE SUPPLIES

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4885
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. TARGET

Mailing Address 3101 JEFFERSON DAVIS HWY

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4633]: OFFICE SUPPLIES

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4890
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. TARGET

Mailing Address 3101 JEFFERSON DAVIS HWY

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4633]: OFFICE SUPPLIES

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4891
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. TARGET

Mailing Address 3101 JEFFERSON DAVIS HWY

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4633]: OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 05 / 2017

FEC Identification Number

C

Transaction ID : SB21B.4892

Amount of Each Disbursement this Period

19.90

Memo Item

Full Name (Last, First, Middle Initial)

B. TARGET

Mailing Address 3101 JEFFERSON DAVIS HWY

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4633]: OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 06 / 2017

FEC Identification Number

C

Transaction ID : SB21B.4893

Amount of Each Disbursement this Period

59.71

Memo Item

Full Name (Last, First, Middle Initial)

C. TARGET

Mailing Address 3101 JEFFERSON DAVIS HWY

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4633]: OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 06 / 2017

FEC Identification Number

C

Transaction ID : SB21B.4894

Amount of Each Disbursement this Period

39.81

Memo Item

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

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. TARGET

Mailing Address 3101 JEFFERSON DAVIS HWY

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4633]: OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4895

Amount of Each Disbursement this Period

10.60

Memo Item

Full Name (Last, First, Middle Initial)

B. TARGET

Mailing Address 3101 JEFFERSON DAVIS HWY

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4633]: OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4896

Amount of Each Disbursement this Period

37.10

Memo Item

Full Name (Last, First, Middle Initial)

C. TARGET

Mailing Address 3101 JEFFERSON DAVIS HWY

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4633]: OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4897

Amount of Each Disbursement this Period

4.24

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. TARGET

Mailing Address 3101 JEFFERSON DAVIS HWY

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4633]: OFFICE SUPPLIES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4898
Amount of Each Disbursement this Period
156.24

Memo Item

Full Name (Last, First, Middle Initial)

B. TARGET

Mailing Address 3101 JEFFERSON DAVIS HWY

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4633]: OFFICE SUPPLIES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4899
Amount of Each Disbursement this Period
195.01

Memo Item

Full Name (Last, First, Middle Initial)

C. TARGET

Mailing Address 3101 JEFFERSON DAVIS HWY

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4633]: OFFICE SUPPLIES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4900
Amount of Each Disbursement this Period
9.48

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. TARGET

Mailing Address 3101 JEFFERSON DAVIS HWY

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4633]: OFFICE SUPPLIES

Candidate Name

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

Category/
Type

Date of Disbursement
MM / DD / YYYY
12 / 07 / 2017

FEC Identification Number
C
Transaction ID : SB21B.4901
Amount of Each Disbursement this Period
12.72

Memo Item

Full Name (Last, First, Middle Initial)

B. TARGET

Mailing Address 3101 JEFFERSON DAVIS HWY

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4633]: OFFICE SUPPLIES

Candidate Name

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

Category/
Type

Date of Disbursement
MM / DD / YYYY
12 / 07 / 2017

FEC Identification Number
C
Transaction ID : SB21B.4902
Amount of Each Disbursement this Period
19.08

Memo Item

Full Name (Last, First, Middle Initial)

C. TARGET

Mailing Address 3101 JEFFERSON DAVIS HWY

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4633]: OFFICE SUPPLIES

Candidate Name

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

Category/
Type

Date of Disbursement
MM / DD / YYYY
12 / 08 / 2017

FEC Identification Number
C
Transaction ID : SB21B.4903
Amount of Each Disbursement this Period
544.99

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. TARGET

Mailing Address 3101 JEFFERSON DAVIS HWY

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4636]: EVENT STAGING EXPENSE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4923

Amount of Each Disbursement this Period

[REDACTED] 447.77

Memo Item

Full Name (Last, First, Middle Initial)

B. TARGET

Mailing Address 3101 JEFFERSON DAVIS HWY

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4634]: EVENT STAGING EXPENSE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 14 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4906

Amount of Each Disbursement this Period

[REDACTED] 877.71

Memo Item

Full Name (Last, First, Middle Initial)

C. TARGET

Mailing Address 3101 JEFFERSON DAVIS HWY

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4634]: EVENT STAGING EXPENSE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 14 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4907

Amount of Each Disbursement this Period

[REDACTED] 78.93

Memo Item

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

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

[REDACTED] 0.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. TARGET

Mailing Address 3101 JEFFERSON DAVIS HWY

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4635]: OFFICE SUPPLIES

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

C [Redacted]
Transaction ID : SB21B.4917
Amount of Each Disbursement this Period
[Redacted] 42.36

Memo Item

Full Name (Last, First, Middle Initial)

B. THE PIERRE NEW YORK HOTEL

Mailing Address 2 E 61st ST

City NEW YORK State NY Zip Code 10065

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4630]: EVENT EXPENSE: FACILITY RENTAL/CATERING SERVICES

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2017			

FEC Identification Number

C [Redacted]
Transaction ID : SB21B.4875
Amount of Each Disbursement this Period
[Redacted] 7081.22

Memo Item

Full Name (Last, First, Middle Initial)

C. TINY JEWEL BOX INC

Mailing Address 1155 CONNECTICUT AVE NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.4631]: DONOR COLLATERAL

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2017			

FEC Identification Number

C [Redacted]
Transaction ID : SB21B.4882
Amount of Each Disbursement this Period
[Redacted] 2926.67

Memo Item

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

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

[Redacted]	0.00
[Redacted]	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. TINY JEWEL BOX INC		Date of Disbursement MM / DD / YYYY 12 / 20 / 2017
Mailing Address 1155 CONNECTICUT AVE NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4760 Amount of Each Disbursement this Period 6358.18
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement DONOR COLLATERAL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. TRUMP INTERNATIONAL HOTEL		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address 1100 PENNSYLVANIA AVE. NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4868 Amount of Each Disbursement this Period 1238.35
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.4627]: TRAVEL: LODGING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. TRUMP INTERNATIONAL HOTEL		Date of Disbursement MM / DD / YYYY 11 / 17 / 2017
Mailing Address 1100 PENNSYLVANIA AVE. NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4739 Amount of Each Disbursement this Period 3750.00
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement EVENT EXPENSE: FACILITY RENTAL AND CATERING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	10108.18
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. TRUMP INTERNATIONAL HOTEL

Mailing Address 1100 PENNSYLVANIA AVE. NW

City
WASHINGTON

State
DC

Zip Code
20004

Purpose of Disbursement
EVENT EXPENSE: FACILITY RENTAL AND CATERING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2017			

FEC Identification Number

C

Transaction ID : SB21B.4740

Amount of Each Disbursement this Period

3750.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TRUMP INTERNATIONAL HOTEL

Mailing Address 1100 PENNSYLVANIA AVE. NW

City
WASHINGTON

State
DC

Zip Code
20004

Purpose of Disbursement
EVENT EXPENSE: FACILITY RENTAL AND CATERING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2017			

FEC Identification Number

C

Transaction ID : SB21B.4741

Amount of Each Disbursement this Period

3750.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TRUMP INTERNATIONAL HOTEL

Mailing Address 1100 PENNSYLVANIA AVE. NW

City
WASHINGTON

State
DC

Zip Code
20004

Purpose of Disbursement
EVENT EXPENSE: FACILITY RENTAL AND CATERING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2017			

FEC Identification Number

C

Transaction ID : SB21B.4742

Amount of Each Disbursement this Period

19000.00

Memo Item

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

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

26500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. TRUMP INTERNATIONAL HOTEL		Date of Disbursement MM / DD / YYYY 11 / 22 / 2017
Mailing Address 1100 PENNSYLVANIA AVE. NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4873 Amount of Each Disbursement this Period 1130.36
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.4629]: TRAVEL: LODGING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. TRUMP INTERNATIONAL HOTEL		Date of Disbursement MM / DD / YYYY 12 / 13 / 2017
Mailing Address 1100 PENNSYLVANIA AVE. NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4951 Amount of Each Disbursement this Period 70.00
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement MONTGOMERY REIMBURSEMENT [SB21B.4650]: EVENT EXPENSE: PARKING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement MM / DD / YYYY 06 / 24 / 2017
Mailing Address 1455 MARKET ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4948 Amount of Each Disbursement this Period 99.68
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement WALSH REIMBURSEMENT [SB21B.4654]: TRAVEL: GROUND TRANSPORTATION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)..... ▶	0.00
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement WALSH REIMBURSEMENT [SB21B.4657]: TRAVEL: GROUND TRANSPORTATION
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 11 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4949

Amount of Each Disbursement this Period

[REDACTED] 68.22

Memo Item

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement AHEARN REIMBURSEMENT [SB21B.4641]: TRAVEL: GROUND TRANSPORTATION
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4950

Amount of Each Disbursement this Period

[REDACTED] 50.47

Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address 900 GRAND PLAZA DR

City HOUSTON State TX Zip Code 77067

Purpose of Disbursement AHEARN REIMBURSEMENT [SB21B.4641]: TRAVEL: AIR
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4945

Amount of Each Disbursement this Period

[REDACTED] 820.20

Memo Item

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

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

[REDACTED] 0.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address 900 GRAND PLAZA DR		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4946 Amount of Each Disbursement this Period [REDACTED] 390.20
City HOUSTON	State TX	Zip Code 77067
Purpose of Disbursement AHEARN REIMBURSEMENT [SB21B.4641]: TRAVEL: AIR		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. VETERAN MADE WOODWORKS LLC		Date of Disbursement MM / DD / YYYY 12 / 01 / 2017
Mailing Address 303 NORTH POLE ROAD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4762 Amount of Each Disbursement this Period [REDACTED] 3800.00
City MELROSE	State NY	Zip Code 12121
Purpose of Disbursement DONOR COLLATERAL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. VIA ALLORO		Date of Disbursement MM / DD / YYYY 11 / 02 / 2017
Mailing Address 301 NORTH CANON DR		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4943 Amount of Each Disbursement this Period [REDACTED] 807.50
City BEVERLY HILLS	State CA	Zip Code 90210
Purpose of Disbursement AHEARN REIMBURSEMENT [SB21B.4641]: MEETING EXPENSE: CATERING		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 3800.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. VICEROY		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address 120 W 57TH ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4941 Amount of Each Disbursement this Period [REDACTED] 720.74
City NEW YORK	State NY	Zip Code 10019
Purpose of Disbursement AHEARN REIMBURSEMENT [SB21B.4640]: TRAVEL: LODGING		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. VIRGIN AMERICA		Date of Disbursement MM / DD / YYYY 11 / 02 / 2017
Mailing Address 555 AIRPORT BLVD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4939 Amount of Each Disbursement this Period [REDACTED] 243.20
City BURLINGAME	State CA	Zip Code 94010
Purpose of Disbursement AHEARN REIMBURSEMENT [SB21B.4641]: TRAVEL: AIR		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. WALDORF ASTORIA		Date of Disbursement MM / DD / YYYY 06 / 23 / 2017
Mailing Address 301 PARK AVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4937 Amount of Each Disbursement this Period [REDACTED] 2000.00
City NEW YORK	State NY	Zip Code 10022
Purpose of Disbursement MASON REIMBURSEMENT [SB21B.4646]: TRAVEL: LODGING		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. WALSH, BRIAN, , ,		Date of Disbursement MM / DD / YYYY 07 / 24 / 2017
Mailing Address C/O AMERICA FIRST ACTION INC 1400 CRYSTAL DRIVE STE 850		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4654 Amount of Each Disbursement this Period 1204.07
City ARLINGTON	State VA	Zip Code 22202
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. WALSH, BRIAN, , ,		Date of Disbursement MM / DD / YYYY 08 / 14 / 2017
Mailing Address C/O AMERICA FIRST ACTION INC 1400 CRYSTAL DRIVE STE 850		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4655 Amount of Each Disbursement this Period 30.00
City ARLINGTON	State VA	Zip Code 22202
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES IF REQUIRED		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. WALSH, BRIAN, , ,		Date of Disbursement MM / DD / YYYY 10 / 12 / 2017
Mailing Address C/O AMERICA FIRST ACTION INC 1400 CRYSTAL DRIVE STE 850		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4656 Amount of Each Disbursement this Period 28.38
City ARLINGTON	State VA	Zip Code 22202
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES IF REQUIRED		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

1262.45

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. WALSH, BRIAN, , ,		Date of Disbursement MM / DD / YYYY 11 / 06 / 2017
Mailing Address C/O AMERICA FIRST ACTION INC 1400 CRYSTAL DRIVE STE 850		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4657 Amount of Each Disbursement this Period 4736.19
City ARLINGTON	State VA	Zip Code 22202
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES IF REQUIRED		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. WALSH, BRIAN, , ,		Date of Disbursement MM / DD / YYYY 12 / 11 / 2017
Mailing Address C/O AMERICA FIRST ACTION INC 1400 CRYSTAL DRIVE STE 850		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4658 Amount of Each Disbursement this Period 181.37
City ARLINGTON	State VA	Zip Code 22202
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. WHITE HOUSE HISTORICAL ASSOCIATION		Date of Disbursement MM / DD / YYYY 12 / 01 / 2017
Mailing Address 1610 H STREET NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4925 Amount of Each Disbursement this Period 7138.13
City WASHINGTON	State DC	Zip Code 20006
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.4637]: DONOR COLLATERAL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

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

4917.56

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

791047.38

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. DIXON, LOREN, , ,		Date of Disbursement MM / DD / YYYY 10 / 25 / 2017	
Mailing Address 9221 MUIR LN.		FEC Identification Number C [] Transaction ID : SB28A.4679 Amount of Each Disbursement this Period [] 500.00	
City FISHERS	State IN	Zip Code 46037	Category/ Type []
Purpose of Disbursement CONTRIBUTION REFUND		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. JUDD, BARBARA, , ,		Date of Disbursement MM / DD / YYYY 11 / 02 / 2017	
Mailing Address 639 PERSIMMON WAY		FEC Identification Number C [] Transaction ID : SB28A.4701 Amount of Each Disbursement this Period [] 495.00	
City OCEANSIDE	State CA	Zip Code 92058	Category/ Type []
Purpose of Disbursement CONTRIBUTION REFUND		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

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

SUBTOTAL of Disbursements This Page (optional).....▶	[] 995.00
TOTAL This Period (last page this line number only).....▶	[] 995.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee
AMERICAN MEDIA & ADVOCACY GROUP
Mailing Address
815 SLATERS LANE
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
TV Placed Media
Category/Type
Date of Public Distribution/Dissemination
12 / 06 / 2017
Amount
481113.28
Transaction ID : SE.4144
Date of Disbursement or Obligation
12 / 05 / 2017

Name of Federal Candidate:
JONES, DOUG, ,
Support Oppose
Office Sought:
House Senate State: AL
Disbursement For:
Primary General
Other (specify) Special-General

Full Name of Payee
BRABENDER COX LLC
Mailing Address
1218 GRANDVIEW AVENUE
City
PITTSBURGH State
PA Zip Code
15211
Purpose of Expenditure
TV Ad production cost
Category/Type
Date of Public Distribution/Dissemination
12 / 06 / 2017
Amount
19675.00
Transaction ID : SE.4142
Date of Disbursement or Obligation
12 / 06 / 2017

Name of Federal Candidate:
JONES, DOUG, ,
Support Oppose
Office Sought:
House Senate State: AL
Disbursement For:
Primary General
Other (specify) Special-General

(a) SUBTOTAL of Itemized Independent Expenditures 500788.28
(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.

Signature
PROCH, JON, ,

[Electronically Filed]

Date
01 / 23 / 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee: Majority Strategies LLC
Mailing Address: 12854 Kenan Drive, Suite 145
City: Jacksonville, State: FL, Zip Code: 32258
Purpose of Expenditure: Direct Mail: Printing and Postage
Name of Federal Candidate: JONES, DOUG, , ,
Calendar Year-To-Date Per Election for Office Sought: 182284.83
Date of Public Distribution/Dissemination: 12/04/2017
Amount: 182284.83
Transaction ID: SE.4131
Date of Disbursement or Obligation: 12/01/2017
Office Sought: Senate, State: AL

Full Name of Payee: Majority Strategies LLC
Mailing Address: 12854 Kenan Drive, Suite 145
City: Jacksonville, State: FL, Zip Code: 32258
Purpose of Expenditure: Direct Mail: Printing and Postage
Name of Federal Candidate: JONES, DOUG, , ,
Calendar Year-To-Date Per Election for Office Sought: 376254.59
Date of Public Distribution/Dissemination: 12/05/2017
Amount: 193969.76
Transaction ID: SE.4135
Date of Disbursement or Obligation: 12/01/2017
Office Sought: Senate, State: AL

(a) SUBTOTAL of Itemized Independent Expenditures: 376254.59
(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.

Signature: PROCH, JON, , , [Electronically Filed] Date: 01/23/2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee
PARSCALE STRATEGY, LLC
Mailing Address
2637 E ATLANTIC BLVD# 42471
City
POMPANO BEACH
State
FL
Zip Code
33062
Purpose of Expenditure
Digital Advertising
Category/Type
004
Date of Public Distribution/Dissemination
08 / 11 / 2017
Amount
150000.00
Transaction ID : SE.4123
Date of Disbursement or Obligation
08 / 11 / 2017

Name of Federal Candidate:
STRANGE, LUTHER J III, ,
Support
Office Sought:
House
Senate
State: AL
Disbursement For:
Primary
General
Other (specify)
Special-Primary

Full Name of Payee
PARSCALE STRATEGY, LLC
Mailing Address
2637 E ATLANTIC BLVD# 42471
City
POMPANO BEACH
State
FL
Zip Code
33062
Purpose of Expenditure
Production Cost: Ad Design
Category/Type
004
Date of Public Distribution/Dissemination
08 / 11 / 2017
Amount
5000.00
Transaction ID : SE.4126
Date of Disbursement or Obligation
08 / 11 / 2017

Name of Federal Candidate:
STRANGE, LUTHER J III, ,
Support
Office Sought:
House
Senate
State: AL
Disbursement For:
Primary
General
Other (specify)
Special-Primary

(a) SUBTOTAL of Itemized Independent Expenditures 155000.00
(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.

PROCH, JON, ,

[Electronically Filed]

Date 01 / 23 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee
PARSCALE STRATEGY, LLC
Mailing Address
2637 E ATLANTIC BLVD# 42471
City
POMPANO BEACH
State
FL
Zip Code
33062
Purpose of Expenditure
Digital advertising, production and distribution
Category/Type
Amount
200000.00
Transaction ID : SE.4139
Date of Disbursement or Obligation
12 / 04 / 2017

Name of Federal Candidate:
JONES, DOUG, ,
Support
Oppose
Office Sought:
House
Senate
District:
State: AL
Calendar Year-To-Date
Per Election for Office Sought
576254.59
Disbursement For:
Primary
General
Other (specify)
Special-General

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Support
Oppose
Office Sought:
House
Senate
District:
State:
Calendar Year-To-Date
Per Election for Office Sought
Disbursement For:
Primary
General
Other (specify)

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures 200000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 1232042.87

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.

PROCH, JON, ,

[Electronically Filed]

Date 01 / 23 / 2018

Signature