

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

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

PRIDE MOBILITY PRODUCTS CORP PAC

ADDRESS (number and street) 182 SUSQUEHANNA AVE

Check if different than previously reported. (ACC)

EXETER PA 18643

2. **FEC IDENTIFICATION NUMBER** ▼ C C00388132

CITY ▲ **STATE** ▲ **ZIP CODE** ▲

3. IS THIS REPORT **NEW (N)** OR **AMENDED (A)**

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2018 through M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
WYCHOCK, THOMAS, , ,

Type or Print Name of Treasurer _____

Signature of Treasurer WYCHOCK, THOMAS, , , *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2018

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

Office Use Only			
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FEC FORM 3X
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

PRIDE MOBILITY PRODUCTS CORP PAC

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="2018"/>		74180.70
(b) Cash on Hand at Beginning of Reporting Period.....	66248.88	
(c) Total Receipts (from Line 19)	2286.37	12554.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	68535.25	86735.25
7. Total Disbursements (from Line 31).....	36000.00	54200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	32535.25	32535.25
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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)

Page 3

Write or Type Committee Name

PRIDE MOBILITY PRODUCTS CORP PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2018 To: M M / D D / Y Y Y Y 09 / 30 / 2018

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).....	2286.37	9354.55
(ii) Unitemized	0.00	3200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2286.37	12554.55
(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)	2286.37	12554.55
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)).....▶	2286.37	12554.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2286.37	12554.55

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32500.00	48200.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	3500.00	6000.00
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)) ..	36000.00	54200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36000.00	54200.00

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)	2286.37	12554.55
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2286.37	12554.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 17
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
PRIDE MOBILITY PRODUCTS CORP PAC

A. Adzema, Christina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 478 Slocum Street
 City Swoyersville State PA Zip Code 18704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Pride Mobility Products Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 28 / 2018
Transaction ID : SA11AI.6528
 Amount of Each Receipt this Period
 50.00
 Memo Item
 \$50.00 for 1 payroll

B. Boyle, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3420 Jubilee Rd.
 City Madison Twp. State PA Zip Code 18444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Pride Mobility Products Sr. Director - IT Systems
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 28 / 2018
Transaction ID : SA11AI.6531
 Amount of Each Receipt this Period
 50.00
 Memo Item
 1 payroll @ \$50.00

C. Finn, Chuck, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 Valley View Road
 City Dallas State PA Zip Code 18612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Pride Mobility Products Corp. Chief Operating Officer
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 09 / 28 / 2018
Transaction ID : SA11AI.6526
 Amount of Each Receipt this Period
 350.00
 Memo Item
 \$50.00 for a total of 7 payrolls

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 7 OF 17
<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)
PRIDE MOBILITY PRODUCTS CORP PAC

A. Hoyes, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 Saddle Ridge Drive
 City Dallas State PA Zip Code 18612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Pride Mobility Products Corp. Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 28 / 2018
Transaction ID : SA11AI.6529
 Amount of Each Receipt this Period
 50.00
 Memo Item
 1 payroll @ \$50.00

B. Johnson, Seth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7116 Laketree Court
 City Fairfax Station State VA Zip Code 22039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Pride Mobility Products Sr. Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 09 / 28 / 2018
Transaction ID : SA11AI.6530
 Amount of Each Receipt this Period
 350.00
 Memo Item
 7 payrolls at \$50.00

C. LIVINGSTON, KELLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 KNOB ROAD
 City MT. POCONO State PA Zip Code 18344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 PRIDE MOBILITY PRODUCTS CORP Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 28 / 2018
Transaction ID : SA11AI.6536
 Amount of Each Receipt this Period
 50.00
 Memo Item
 1 payroll @ \$50.00

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 8 OF 17
	<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)
PRIDE MOBILITY PRODUCTS CORP PAC

A. PENCEK, KATHLEEN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 689 CLARKSON ROAD

City FACTORYVILLE	State PA	Zip Code 18419
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PRIDE MOBILITY PRODUCTS	Occupation (for Individual) DIRECTOR, CNAGE CONTROL & PUE
--	--

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		28		2018

Transaction ID : SA11AI.6532

Amount of Each Receipt this Period
50.00

Memo Item
1 payroll at \$50.00

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

Mailing Address 2760 Castlewood Ct.

City Aurora	State IL	Zip Code 60504
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pride Mobility Products	Occupation (for Individual) Sr. Director, Rehab Industry Affairs
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1454.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : SA11AI.6533

Amount of Each Receipt this Period
636.37

Memo Item
7 payrolls @ \$90.91

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

Mailing Address 21437 East Ottawa Circle

City Aurora	State CO	Zip Code 80016
----------------	-------------	-------------------

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

Name of Employer (for Individual) Pride Mobility Products	Occupation (for Individual) Sr. Vice President
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : SA11AI.6524

Amount of Each Receipt this Period
350.00

Memo Item
\$50.00 for total of 7 payrolls

SUBTOTAL of Receipts This Page (optional).....	1036.37
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 17
	<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)
PRIDE MOBILITY PRODUCTS CORP PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ROMERO, LORENZO, , ,

Mailing Address **670 PARK ROAD 4 SOUTH**

City BURNET	State TX	Zip Code 78611
-----------------------	--------------------	--------------------------

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

Name of Employer (for Individual) STEATH	Occupation (for Individual) EVP - BUSINESS DEVELOPMENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
09 / 28 / 2018

Transaction ID : SA11AI.6534

Amount of Each Receipt this Period
350.00

Memo Item
7 payroll @ \$50.00

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

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	2286.37

**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 checked="" 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)
PRIDE MOBILITY PRODUCTS CORP PAC

Full Name (Last, First, Middle Initial) A. BLUM FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 11 / 2018
Mailing Address 2728 ASBURY ROAD SUITE 400		FEC Identification Number C00543926 Transaction ID : SB23.6577
City DUBUQUE	State IA	Zip Code 52001
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IA	District: 01	

Full Name (Last, First, Middle Initial) B. BRIAN FITZPATRICK FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 11 / 2018
Mailing Address PO BOX 939		FEC Identification Number C00607416 Transaction ID : SB23.6595
City LANGHORNE	State PA	Zip Code 19047
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) C. CITIZENS FOR PROSPERITY IN AMERICA TODAY PAC		Date of Disbursement MM / DD / YYYY 09 / 25 / 2018
Mailing Address 228 S WASHINGTON ST STE 115		FEC Identification Number C00491654 Transaction ID : SB23.6623
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 2000.00
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).....▶	4000.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
PRIDE MOBILITY PRODUCTS CORP PAC

A. GREATER TOMORROW POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 25452 BRICKELL DRIVE

City CHANTILLY State VA Zip Code 20152

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2018

FEC Identification Number

C C00526715

Transaction ID : SB23.6582

Amount of Each Disbursement this Period

5000.00

Memo Item

B. KEVIN MCCARTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement Contribution

Candidate Name

KEVIN MCCARTHY FOR CONGRESS

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2018

FEC Identification Number

C C00420935

Transaction ID : SB23.6565

Amount of Each Disbursement this Period

1000.00

Memo Item

C. KEYSTONE VICTORY FUND

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 58746

City PHILADELPHIA State PA Zip Code 19102

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 25 / 2018

FEC Identification Number

C C00545830

Transaction ID : SB23.6541

Amount of Each Disbursement this Period

2000.00

Memo Item

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

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

8000.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
PRIDE MOBILITY PRODUCTS CORP PAC

Full Name (Last, First, Middle Initial)
A. MCMORRIS RODGERS, CATHY, , ,

Mailing Address 32 EAST 25TH

City SPOKANE State WA Zip Code 99203

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: WA District: 05

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2018

FEC Identification Number

C H4WA05077

Transaction ID : SB23.6548

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. MEUSER FOR CONGRESS

Mailing Address PO BOX 1892

City SHAVERTOWN State PA Zip Code 18708

Purpose of Disbursement Contribution

Candidate Name

MEUSER, DANIEL, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: PA District: 09

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2018

FEC Identification Number

C H8PA10147

Transaction ID : SB23.6562

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. NRCC

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2018

FEC Identification Number

C C00075820

Transaction ID : SB23.6615

Amount of Each Disbursement this Period

1000.00

Memo Item

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

7000.00

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
PRIDE MOBILITY PRODUCTS CORP PAC

Full Name (Last, First, Middle Initial) A. PAULSEN, ERIK MR., , ,		Date of Disbursement MM / DD / YYYY 09 / 11 / 2018
Mailing Address P.O. BOX 44369 250 PRAIRIE CENTER DRIVE		FEC Identification Number C H8MN03077 Transaction ID : SB23.6568
City EDEN PRAIRIE	State MN	Zip Code 55344
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name PAULSEN, ERIK MR., , ,		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MN	District: 03	

Full Name (Last, First, Middle Initial) B. ROTHFUS FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 11 / 2018
Mailing Address PO BOX 435		FEC Identification Number C C00497115 Transaction ID : SB23.6600
City SEWICKLEY	State PA	Zip Code 15143
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name ROTHFUS, KEITH MR., , ,		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 17	

Full Name (Last, First, Middle Initial) C. ROTHFUS FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 25 / 2018
Mailing Address PO BOX 435		FEC Identification Number C C00497115 Transaction ID : SB23.6618
City SEWICKLEY	State PA	Zip Code 15143
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name ROTHFUS, KEITH MR., , ,		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 17	

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

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

3000.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
PRIDE MOBILITY PRODUCTS CORP PAC

Full Name (Last, First, Middle Initial) A. SMUCKER FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 11 / 2018
Mailing Address 548 STEEL WAY PO BOX 7066		FEC Identification Number C H6PA16320 Transaction ID : SB23.6597
City LANCASTER	State PA	Zip Code 17604
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name SMUCKER, LLOYD K., , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 11	

Full Name (Last, First, Middle Initial) B. TOM REED FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 11 / 2018
Mailing Address PO BOX 10847		FEC Identification Number C C00464032 Transaction ID : SB23.6612
City ROCHESTER	State NY	Zip Code 14610
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name REED, THOMAS W., , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 23	

Full Name (Last, First, Middle Initial) C. WALDEN FOR CONGRESS		Date of Disbursement MM / DD / YYYY 08 / 23 / 2018
Mailing Address PO BOX 1091		FEC Identification Number C C00333427 Transaction ID : SB23.6550
City HOOD RIVER	State OR	Zip Code 97031
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name WALDEN, GREGORY P. MR., , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: OR	District: 02	

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
PRIDE MOBILITY PRODUCTS CORP PAC

A. WALTERS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 9070 IRVINE CENTER DRIVE, #150

City IRVINE State CA Zip Code 92618

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: CA District: 45

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 05 / 2018

FEC Identification Number

C C00546853

Transaction ID : SB23.6626

Amount of Each Disbursement this Period

1500.00

Memo Item

B. WALTERS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 9070 IRVINE CENTER DRIVE, #150

City IRVINE State CA Zip Code 92618

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: CA District: 45

Disbursement For: 2018
 Primary General Other (specify)

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2018

FEC Identification Number

C C00546853

Transaction ID : SB23.6609

Amount of Each Disbursement this Period

1000.00

Memo Item

C. YOUNG FOR IOWA, INC.

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 162

City VAN METER State IA Zip Code 50261

Purpose of Disbursement Contribution

Candidate Name

YOUNG, DAVID, , ,

Office Sought: House Senate President
State: IA District: 03

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2018

FEC Identification Number

C C00545616

Transaction ID : SB23.6606

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
PRIDE MOBILITY PRODUCTS CORP PAC

A. YOUNG FOR IOWA, INC.

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 162

City VAN METER State IA Zip Code 50261

Purpose of Disbursement Contribution

Candidate Name YOUNG, DAVID, , ,

Office Sought: House Senate President
State: IA District: 03

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement: 09 / 20 / 2018

FEC Identification Number: C00545616
Transaction ID : SB23.6603

Amount of Each Disbursement this Period: 2500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	32500.00

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

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NAME OF COMMITTEE (In Full)
PRIDE MOBILITY PRODUCTS CORP PAC

Full Name (Last, First, Middle Initial) A. Scott Wagner for Governor		Date of Disbursement MM / DD / YYYY 07 / 31 / 2018
Mailing Address P.O. Box 141		FEC Identification Number C [] Transaction ID : SB29.6589
City Manchester	State PA	Zip Code 17345
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period [] 2500.00
Candidate Name		Category/Type []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. The Northeast Republican House Delegation		Date of Disbursement MM / DD / YYYY 08 / 23 / 2018
Mailing Address P.O. Box 545		FEC Identification Number C [] Transaction ID : SB29.6586
City Harrisburg	State PA	Zip Code 17108
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period [] 1000.00
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.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C []
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period []
Candidate Name		Category/Type []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	3500.00