

**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

Independence USA PAC

ADDRESS (number and street)

PO Box 1510

Check if different  
than previously  
reported. (ACC)

New York

NY

10150

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00532705

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election Year Only)
- ☐ Apr 20 (M4) ☒ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

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

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y  
06 01 2020

through

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

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

Wolfson, Howard, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Wolfson, Howard, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
07 19 2020

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**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

Independence USA PAC

Report Covering the Period:

From:

|     |   |     |   |           |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 06  |   | 01  |   | 2020      |

To:

|     |   |     |   |           |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 06  |   | 30  |   | 2020      |

|                                                                                                                                                | COLUMN A<br>This Period                                | COLUMN B<br>Calendar Year-to-Date |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------|---|---|---|------|--------------------------------------------------------|-----------|--|--|--|--------------------------------------------------------|-----------|--|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2020</td></tr></table> | Y                                                      | Y                                 | Y | Y | Y | 2020 |                                                        |           |  |  |  | <table><tr><td colspan="5">128764.69</td></tr></table> | 128764.69 |  |  |  |  |
| Y                                                                                                                                              | Y                                                      | Y                                 | Y | Y |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| 2020                                                                                                                                           |                                                        |                                   |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| 128764.69                                                                                                                                      |                                                        |                                   |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                                                      | <table><tr><td colspan="5">118213.38</td></tr></table> | 118213.38                         |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| 118213.38                                                                                                                                      |                                                        |                                   |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| (c) Total Receipts (from Line 19) .....                                                                                                        | <table><tr><td colspan="5">2521.21</td></tr></table>   | 2521.21                           |   |   |   |      | <table><tr><td colspan="5">2521.21</td></tr></table>   | 2521.21   |  |  |  |                                                        |           |  |  |  |  |
| 2521.21                                                                                                                                        |                                                        |                                   |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| 2521.21                                                                                                                                        |                                                        |                                   |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....                                            | <table><tr><td colspan="5">120734.59</td></tr></table> | 120734.59                         |   |   |   |      | <table><tr><td colspan="5">131285.90</td></tr></table> | 131285.90 |  |  |  |                                                        |           |  |  |  |  |
| 120734.59                                                                                                                                      |                                                        |                                   |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| 131285.90                                                                                                                                      |                                                        |                                   |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| 7. Total Disbursements (from Line 31).....                                                                                                     | <table><tr><td colspan="5">16466.31</td></tr></table>  | 16466.31                          |   |   |   |      | <table><tr><td colspan="5">27017.62</td></tr></table>  | 27017.62  |  |  |  |                                                        |           |  |  |  |  |
| 16466.31                                                                                                                                       |                                                        |                                   |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| 27017.62                                                                                                                                       |                                                        |                                   |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                                                      | <table><tr><td colspan="5">104268.28</td></tr></table> | 104268.28                         |   |   |   |      | <table><tr><td colspan="5">104268.28</td></tr></table> | 104268.28 |  |  |  |                                                        |           |  |  |  |  |
| 104268.28                                                                                                                                      |                                                        |                                   |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| 104268.28                                                                                                                                      |                                                        |                                   |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                | <table><tr><td colspan="5">0.00</td></tr></table>      | 0.00                              |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| 0.00                                                                                                                                           |                                                        |                                   |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....                               | <table><tr><td colspan="5">200.00</td></tr></table>    | 200.00                            |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| 200.00                                                                                                                                         |                                                        |                                   |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |



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

Independence USA PAC

Report Covering the Period:

From:

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  | / | 01  | / | 2020    |

To:

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  | / | 30  | / | 2020    |

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2521.21

2521.21

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

2521.21

2521.21

(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) .....

2521.21

2521.21

## 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)) .....

2521.21

2521.21

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

2521.21

2521.21

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>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 .....                                                 | 16466.31                      | 27017.62                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 16466.31                      | 27017.62                          |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 0.00                              |
| 24. Independent Expenditures (use Schedule E) .....                                            | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....                | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....                                                                  | 0.00                          | 0.00                              |
| 27. Loans Made.....                                                                            | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:                                                               |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....                                                           | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....                                             | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 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)) ..      | 16466.31                      | 27017.62                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 16466.31                      | 27017.62                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/<br>Operating Expenditures                                     | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....         | 2521.21                       | 2521.21                           |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                             | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....     | 2521.21                       | 2521.21                           |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) .....▶ | 16466.31                      | 27017.62                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                  | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....▶              | 16466.31                      | 27017.62                          |

# **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 13

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

**Independence USA PAC**

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

**A. Bloomberg, Michael, R., ,**

Mailing Address PO Box 1060

City  
New York

State  
NY

Zip Code  
10150

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Bloomberg Inc.

Occupation (for Individual)

Founder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2521.21

Date of Receipt

06 / 19 / 2020

Transaction ID : SA11AI.6568

Amount of Each Receipt this Period

2521.21

☐ Memo Item

In-kind Received - Project Management

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

**B.**

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

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

**C.**

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)..... ►

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

2521.21

2521.21

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 13

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Independence USA PAC

Full Name (Last, First, Middle Initial)

**A. Bank of America**Mailing Address 114 W. 47th St.  
6th FloorCity  
New YorkState  
NYZip Code  
10036Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 0 |   |   |

FEC Identification Number

C Transaction ID : SB21B.6556

Amount of Each Disbursement this Period

321.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bloomberg, Michael, R., ,**

Mailing Address PO Box 1060

City  
New YorkState  
NYZip Code  
10150Purpose of Disbursement  
In-kind Received - Project Management

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 9 |   |   | 2 | 0 | 2 | 0 |   |   |

FEC Identification Number

C Transaction ID : SB21B.6569

Amount of Each Disbursement this Period

2521.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Geller Advisors**

Mailing Address 909 Third Avenue

City  
New YorkState  
NYZip Code  
10022Purpose of Disbursement  
Financial Advisory Services

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 2 | 5 |   |   | 2 | 0 | 2 | 0 |   |   |

FEC Identification Number

C Transaction ID : SB21B.6560

Amount of Each Disbursement this Period

9093.00

☐ Memo Item

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

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

11935.31

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 13

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Independence USA PAC

Full Name (Last, First, Middle Initial)

**A. Geller Advisors**

Mailing Address 909 Third Avenue

City  
New YorkState  
NYZip Code  
10022Purpose of Disbursement  
Financial Advisory Services

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 2 | 5 |   |   | 2 | 0 | 2 | 0 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.6562

Amount of Each Disbursement this Period

1410.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Geller Advisors**

Mailing Address 909 Third Avenue

City  
New YorkState  
NYZip Code  
10022Purpose of Disbursement  
Financial Advisory Services

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 2 | 5 |   |   | 2 | 0 | 2 | 0 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.6563

Amount of Each Disbursement this Period

1405.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. The Outcast Agency, LLC**Mailing Address 100 Montgomery Street  
Suite 1201City  
San FranciscoState  
CAZip Code  
94104Purpose of Disbursement  
Website Services

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 2 | 5 |   |   | 2 | 0 | 2 | 0 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.6557

Amount of Each Disbursement this Period

200.00

☐ Memo Item

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

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

3015.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 13

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

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

NAME OF COMMITTEE (In Full)

Independence USA PAC

Full Name (Last, First, Middle Initial)

**A. The Outcast Agency, LLC**Mailing Address 100 Montgomery Street  
Suite 1201City  
San FranciscoState  
CAZip Code  
94104Purpose of Disbursement  
Website Services

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   |   | 2 | 5 |   |   |   | 2 | 0 | 2 | 0 |

FEC Identification Number

C

Transaction ID : SB21B.6559

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Outcast Agency, LLC**Mailing Address 100 Montgomery Street  
Suite 1201City  
San FranciscoState  
CAZip Code  
94104Purpose of Disbursement  
Website Services

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   |   | 3 | 0 |   |   |   | 2 | 0 | 2 | 0 |

FEC Identification Number

C

Transaction ID : SB21B.6565

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Venable LLP**

Mailing Address 600 Massachusetts Avenue, NW

City  
WashingtonState  
DCZip Code  
20001Purpose of Disbursement  
Legal Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   |   | 2 | 5 |   |   |   | 2 | 0 | 2 | 0 |

FEC Identification Number

C

Transaction ID : SB21B.6564

Amount of Each Disbursement this Period

440.00

☐ Memo Item

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

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

840.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 13

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Independence USA PAC

Full Name (Last, First, Middle Initial)

**A. Venable LLP**

Mailing Address 600 Massachusetts Avenue, NW

City  
WashingtonState  
DCZip Code  
20001Purpose of Disbursement  
Legal Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 3 | 0 |   |   | 2 | 0 | 2 | 0 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.6566

Amount of Each Disbursement this Period

676.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

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

676.00

16466.31

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 11 OF 13

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
Independence USA PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Geller Advisors

Nature of Debt (Purpose):  
Financial Advisory Services

Mailing Address 909 Third Avenue

City  
New YorkState  
NYZip Code  
10022

Outstanding Balance Beginning This Period

9093.00

Transaction ID : SD10.6548

Amount Incurred This Period

0.00

Payment This Period

9093.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Geller Advisors

Nature of Debt (Purpose):  
Financial Advisory Services

Mailing Address 909 Third Avenue

City  
New YorkState  
NYZip Code  
10022

Outstanding Balance Beginning This Period

1410.00

Transaction ID : SD10.6551

Amount Incurred This Period

0.00

Payment This Period

1410.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Geller Advisors

Nature of Debt (Purpose):  
Financial Advisory Services

Mailing Address 909 Third Avenue

City  
New YorkState  
NYZip Code  
10022

Outstanding Balance Beginning This Period

1405.00

Transaction ID : SD10.6552

Amount Incurred This Period

0.00

Payment This Period

1405.00

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional)..... ►

0.00

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 12 OF 13

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
Independence USA PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Outcast Agency, LLC

Nature of Debt (Purpose):  
Website ServicesMailing Address 100 Montgomery Street  
Suite 1201City  
San FranciscoState  
CAZip Code  
94104

Outstanding Balance Beginning This Period

200.00

Transaction ID : SD10.6528

Amount Incurred This Period

0.00

Payment This Period

200.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Outcast Agency, LLC

Nature of Debt (Purpose):  
Website ServicesMailing Address 100 Montgomery Street  
Suite 1201City  
San FranciscoState  
CAZip Code  
94104

Outstanding Balance Beginning This Period

200.00

Transaction ID : SD10.6547

Amount Incurred This Period

0.00

Payment This Period

200.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Outcast Agency, LLC

Nature of Debt (Purpose):  
Website ServicesMailing Address 100 Montgomery Street  
Suite 1201City  
San FranciscoState  
CAZip Code  
94104

Outstanding Balance Beginning This Period

200.00

Transaction ID : SD10.6550

Amount Incurred This Period

0.00

Payment This Period

200.00

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional)..... ►

0.00

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 13 OF 13

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
**Independence USA PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Outcast Agency, LLC**Nature of Debt (Purpose):  
Website ServicesMailing Address 100 Montgomery Street  
Suite 1201City  
San FranciscoState  
CAZip Code  
94104

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6567

Amount Incurred This Period

200.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

200.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Venable LLP**Nature of Debt (Purpose):  
Legal Fees

Mailing Address 600 Massachusetts Avenue, NW

City  
WashingtonState  
DCZip Code  
20001

Outstanding Balance Beginning This Period

440.00

Transaction ID : SD10.6553

Amount Incurred This Period

0.00

Payment This Period

440.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

200.00

2) **TOTALS** This Period (last page this line number only)..... ►

200.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

200.00