

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**
1820 PAC

ADDRESS (number and street) PO BOX 15283
Check if different than previously reported. (ACC) WASHINGTON DC 20003

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00698126 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 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 11 / 03 / 2020 in the State of ME

5. Covering Period M M / D D / Y Y Y Y Y Y through M M / D D / Y Y Y Y Y Y
10 / 15 / 2020 through 11 / 23 / 2020

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

Signature of Treasurer DATWYLER, THOMAS, , , [Electronically Filed] Date 11 / 17 / 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

1820 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="2020"/>		636496.59
(b) Cash on Hand at Beginning of Reporting Period.....	987971.04	
(c) Total Receipts (from Line 19)	1695600.00	10249150.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2683571.04	10885646.59
7. Total Disbursements (from Line 31).....	2647082.92	10849158.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	36488.12	36488.12
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

Write or Type Committee Name
1820 PAC

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).....	1595600.00	9949100.00
(ii) Unitemized	0.00	50.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1595600.00	9949150.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	100000.00	300000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1695600.00	10249150.00
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)).....▶	1695600.00	10249150.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1695600.00	10249150.00

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	287082.92	1162595.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	287082.92	1162595.47
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)	2360000.00	9686563.00
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)) ..	2647082.92	10849158.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2647082.92	10849158.47

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)	1695600.00	10249150.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1695600.00	10249150.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	287082.92	1162595.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	287082.92	1162595.47

**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 27
<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)
1820 PAC

A. BATMASIAN, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 N FEDERAL HIGHWAY
 City LAKE WORTH State FL Zip Code 33460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INVESTMENTS LIMITED Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 10 / 27 / 2020
Transaction ID : SA11AI.4632
 Amount of Each Receipt this Period 25000.00
 Memo Item

B. BRADY, KATHERINE D., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 126
 City OLDWICK State NJ Zip Code 08858
 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 ▼ 100000.00

Date of Receipt 10 / 19 / 2020
Transaction ID : SA11AI.4597
 Amount of Each Receipt this Period 50000.00
 Memo Item

C. BRADY, NICHOLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 126
 City OLDWICK State NJ Zip Code 08858
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 10 / 19 / 2020
Transaction ID : SA11AI.4596
 Amount of Each Receipt this Period 50000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125000.00
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 8 OF 27
	(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)
1820 PAC

A. ELLISON, LAWRENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 YGNACIO VALLEY ROAD
 City WALNUT CREEK State CA Zip Code 94596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ORACLE Occupation (for Individual) FOUNDER CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000000.00

Date of Receipt 10 / 29 / 2020
Transaction ID : SA11AI.4642
 Amount of Each Receipt this Period 1000000.00
 Memo Item

B. HOLLANDER, YOSSIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 BLUE HERON
 City IRVINE State CA Zip Code 92603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JACADA Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5600.00

Date of Receipt 10 / 22 / 2020
Transaction ID : SA11AI.4616
 Amount of Each Receipt this Period 5600.00
 Memo Item

C. HUGIN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 ESSEX ROAD
 City SUMMIT State NJ Zip Code 07901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) BUSINESSMAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 10 / 27 / 2020
Transaction ID : SA11AI.4634
 Amount of Each Receipt this Period 100000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1105600.00
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 27
	<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)
1820 PAC

A. JOHNSON, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1220 S OCEAN BLVD
 City PALM BEACH State FL Zip Code 33480
 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 ▼ 200000.00

Date of Receipt 10 / 21 / 2020
Transaction ID : SA11AI.4606
 Amount of Each Receipt this Period 100000.00
 Memo Item

B. KING, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 CHATSWORTH CT
 City LAWRENCEVILLE State NJ Zip Code 08648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1919 INVESTMENTS Occupation (for Individual) PORTFOLIO MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 15 / 2020
Transaction ID : SA11AI.4577
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION EARMARKED THROUGH WINRED

C. MAGOWAN, DEBORAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2100 WASHINGTON STREET
 City SAN FRANCISCO State CA Zip Code 94109
 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 10 / 27 / 2020
Transaction ID : SA11AI.4636
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	110000.00
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 27
<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)
1820 PAC

A. MAHANEY, LANCE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 419 SEASPRAY AVENUE

City PALM BEACH	State FL	Zip Code 33480
--------------------	-------------	-------------------

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

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

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
10	/	23	/	2020

Transaction ID : SA11AI.4624

Amount of Each Receipt this Period
25000.00

Memo Item

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

Mailing Address 2 MANITOU CT

City WESTPORT	State CT	Zip Code 06880
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BLUFF POINT ASSOCIATES CORP	Occupation (for Individual) INVESTOR
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
110000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2020

Transaction ID : SA11AI.4579

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION EARMARKED THROUGH WINRED

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

Mailing Address PO BOX 27357

City HOUSTON	State TX	Zip Code 77227
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) VEGA ENERGY	Occupation (for Individual) PRESIDENT
--	--

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	/	22	/	2020

Transaction ID : SA11AI.4608

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	45000.00
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 27
	<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)
1820 PAC

A. PFAUTCH, ROY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52 PORTLAND PLACE
 City SAINT LOUIS State MO Zip Code 63108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CIVIL SERVICIA INC. Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 22 / 2020
Transaction ID : SA11AI.4615
 Amount of Each Receipt this Period 10000.00
 Memo Item

B. SHERRILL, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 765 PARK AVENUE APT 4B
 City NEW YORK State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BRS AND CO INC. Occupation (for Individual) FINANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 16 / 2020
Transaction ID : SA11AI.4580
 Amount of Each Receipt this Period 25000.00
 Memo Item
 CONTRIBUTION EARMARKED THROUGH WINRED

C. SLATER, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 639 E OCEAN AVENUE 309
 City BOYNTON BEACH State FL Zip Code 33435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TREMONT PARTNERS Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 10 / 16 / 2020
Transaction ID : SA11AI.4585
 Amount of Each Receipt this Period 15000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	50000.00
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 27
<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)
1820 PAC

A. TEECE, LEIGH, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 27 GLEN ALPINE ROAD

City OAKLAND	State CA	Zip Code 94611
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WORLD MENTOR	Occupation (for Individual) FOUNDER CHAIR
---	--

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	/	29	/	2020

Transaction ID : SA11AI.4652

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION EARMARKED THROUGH WINRED

B. THOMAS, CLIFTON, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 2748

City VICTORIA	State TX	Zip Code 77902
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CL THOMAS INC.	Occupation (for Individual) OWNER
---	--------------------------------------

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	/	22	/	2020

Transaction ID : SA11AI.4611

Amount of Each Receipt this Period
10000.00

Memo Item

C. WOOD, ANTHONY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 161 PRIMORSE WAY

City PALO ALTO	State CA	Zip Code 94303
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
20000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2020

Transaction ID : SA11AI.4590

Amount of Each Receipt this Period
20000.00

Memo Item
CONTRIBUTION EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	35000.00
TOTAL This Period (last page this line number only).....	1595600.00

**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 13 OF 27
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
1820 PAC

A. OPPORTUNITY MATTERS FUND, INC.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address C/O BULLDOG COMPLIANCE
 138 CONANT STREET 2ND FLR
 City BEVERLY State MA Zip Code 01915
 FEC ID number of contributing federal political committee. **C** C00750182
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 100000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2020
Transaction ID : SA11C.4640
 Amount of Each Receipt this Period
 100000.00
 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 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 Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100000.00
TOTAL This Period (last page this line number only).....▶	100000.00

**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)
1820 PAC

Full Name (Last, First, Middle Initial) A. 9SEVEN CONSULTING		Date of Disbursement MM / DD / YYYY 10 / 20 / 2020
Mailing Address 499 SOUTH CAPITOL STREET SW #405		FEC Identification Number C C00698126 Transaction ID : SB21B.4620
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement COMPLIANCE CONSULTING		Category/Type 001
Candidate Name 1820 PAC		Amount of Each Disbursement this Period 6842.83
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. 9SEVEN CONSULTING		Date of Disbursement MM / DD / YYYY 11 / 08 / 2020
Mailing Address 499 SOUTH CAPITOL STREET SW #405		FEC Identification Number C C00698126 Transaction ID : SB21B.4661
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement COMPLIANCE CONSULTING		Category/Type 001
Candidate Name 1820 PAC		Amount of Each Disbursement this Period 561.00
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) C. ARISTEIA GROUP INC.		Date of Disbursement MM / DD / YYYY 10 / 20 / 2020
Mailing Address 1020 N. FAIRFAX STREET SUITE 201		FEC Identification Number C C00698126 Transaction ID : SB21B.4600
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement FUNDRAISING CONSULTING		Category/Type 001
Candidate Name 1820 PAC		Amount of Each Disbursement this Period 2500.00
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	9903.83
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)
1820 PAC

Full Name (Last, First, Middle Initial) A. ARISTEIA GROUP INC.		Date of Disbursement MM / DD / YYYY 11 / 02 / 2020
Mailing Address 1020 N. FAIRFAX STREET SUITE 201		FEC Identification Number C00698126 Transaction ID : SB21B.4660 Amount of Each Disbursement this Period 2500.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 001
Candidate Name 1820 PAC		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. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 10 / 15 / 2020
Mailing Address 1445A LAUGHLIN AVENUE		FEC Identification Number C00698126 Transaction ID : SB21B.4576 Amount of Each Disbursement this Period 20.00
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Category/ Type 001
Candidate Name 1820 PAC		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. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 10 / 16 / 2020
Mailing Address 1445A LAUGHLIN AVENUE		FEC Identification Number C00698126 Transaction ID : SB21B.4588 Amount of Each Disbursement this Period 20.00
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Category/ Type 001
Candidate Name 1820 PAC		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).....▶

2540.00

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)
1820 PAC

A. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 1445A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEES Category/Type 001

Candidate Name 1820 PAC

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

State: District:

Date of Disbursement 10 / 19 / 2020

FEC Identification Number C00698126
Transaction ID : SB21B.4599
Amount of Each Disbursement this Period 20.00

Memo Item

B. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 1445A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEES Category/Type 001

Candidate Name 1820 PAC

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

State: District:

Date of Disbursement 10 / 23 / 2020

FEC Identification Number C00698126
Transaction ID : SB21B.4626
Amount of Each Disbursement this Period 20.00

Memo Item

C. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 1445A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEES Category/Type 001

Candidate Name 1820 PAC

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

State: District:

Date of Disbursement 10 / 26 / 2020

FEC Identification Number C00698126
Transaction ID : SB21B.4631
Amount of Each Disbursement this Period 20.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 60.00

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)
1820 PAC

A. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 1445A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEES

Candidate Name 1820 PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 29 / 2020

FEC Identification Number: C00698126

Transaction ID : SB21B.4654

Amount of Each Disbursement this Period: 20.00

Memo Item

B. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 1445A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEES

Candidate Name 1820 PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 29 / 2020

FEC Identification Number: C00698126

Transaction ID : SB21B.4655

Amount of Each Disbursement this Period: 20.00

Memo Item

C. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 1445A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEES

Candidate Name 1820 PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 30 / 2020

FEC Identification Number: C00698126

Transaction ID : SB21B.4659

Amount of Each Disbursement this Period: 20.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 60.00

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)
1820 PAC

Full Name (Last, First, Middle Initial) A. FOLEY & LARDNER LLP		Date of Disbursement MM / DD / YYYY 10 / 15 / 2020
Mailing Address 3000 K STREET, N.W. SUITE 600		FEC Identification Number C00698126 Transaction ID : SB21B.4573 Amount of Each Disbursement this Period 3069.00
City WASHINGTON	State DC	Zip Code 20007
Purpose of Disbursement LEGAL CONSULTING		Category/ Type 001
Candidate Name 1820 PAC		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. HUETER, KRISTIN, , ,		Date of Disbursement MM / DD / YYYY 10 / 15 / 2020
Mailing Address PO BOX 8533		FEC Identification Number C00698126 Transaction ID : SB21B.4575 Amount of Each Disbursement this Period 4900.00
City EMERYVILLE	State CA	Zip Code 94662
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 001
Candidate Name 1820 PAC		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. HUETER, KRISTIN, , ,		Date of Disbursement MM / DD / YYYY 10 / 19 / 2020
Mailing Address PO BOX 8533		FEC Identification Number C00698126 Transaction ID : SB21B.4598 Amount of Each Disbursement this Period 1400.00
City EMERYVILLE	State CA	Zip Code 94662
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 001
Candidate Name 1820 PAC		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)..... ▶

9369.00

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)
1820 PAC

Full Name (Last, First, Middle Initial) A. HUETER, KRISTIN, , ,		Date of Disbursement M M / D D / Y Y Y Y Y 10 / 28 / 2020	
Mailing Address PO BOX 8533			
City EMERYVILLE	State CA	Zip Code 94662	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/Type 001	
Candidate Name 1820 PAC		FEC Identification Number C C00698126 Transaction ID : SB21B.4638 Amount of Each Disbursement this Period 2800.00	
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) ▼		
State: _____ District: _____	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. HUETER, KRISTIN, , ,		Date of Disbursement M M / D D / Y Y Y Y Y 10 / 29 / 2020	
Mailing Address PO BOX 8533			
City EMERYVILLE	State CA	Zip Code 94662	
Purpose of Disbursement FUNDRIASING CONSULTING		Category/Type 001	
Candidate Name 1820 PAC		FEC Identification Number C C00698126 Transaction ID : SB21B.4644 Amount of Each Disbursement this Period 350.00	
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) ▼		
State: _____ District: _____	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. SCR AND ASSOCIATES, LLC		Date of Disbursement M M / D D / Y Y Y Y Y 10 / 16 / 2020	
Mailing Address 100 TRADECENER SUITE G-700			
City WOBURN	State MA	Zip Code 01801	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/Type 001	
Candidate Name 1820 PAC		FEC Identification Number C C00698126 Transaction ID : SB21B.4584 Amount of Each Disbursement this Period 330.00	
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) ▼		
State: _____ District: _____	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....	3480.00
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)
1820 PAC

Full Name (Last, First, Middle Initial)
A. THE MORNING GROUP

Mailing Address 5918 4TH STREET NW

City WASHINGTON State DC Zip Code 20011

Purpose of Disbursement
FUNDRAISING CONSULTING

Category/
Type

Candidate Name
1820 PAC

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
10 / 15 / 2020

FEC Identification Number

Transaction ID : SB21B.4559
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)
B. THE MORNING GROUP

Mailing Address 5918 4TH STREET NW

City WASHINGTON State DC Zip Code 20011

Purpose of Disbursement
FUNDRAISING CONSULTING

Category/
Type

Candidate Name
1820 PAC

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
10 / 22 / 2020

FEC Identification Number

Transaction ID : SB21B.4610
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)
C. THE MORNING GROUP

Mailing Address 5918 4TH STREET NW

City WASHINGTON State DC Zip Code 20011

Purpose of Disbursement
FUNDRAISING CONSULTING

Category/
Type

Candidate Name
1820 PAC

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
10 / 27 / 2020

FEC Identification Number

Transaction ID : SB21B.4627
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)
1820 PAC

Full Name (Last, First, Middle Initial)
A. THE MORNING GROUP

Mailing Address 5918 4TH STREET NW

City WASHINGTON State DC Zip Code 20011

Purpose of Disbursement
FUNDRAISING CONSULTING

Category/
Type

Candidate Name
1820 PAC

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
10 / 28 / 2020

FEC Identification Number

Transaction ID : SB21B.4639
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)
B. THE MORNING GROUP

Mailing Address 5918 4TH STREET NW

City WASHINGTON State DC Zip Code 20011

Purpose of Disbursement
FUNDRAISING CONSULTING

Category/
Type

Candidate Name
1820 PAC

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
10 / 29 / 2020

FEC Identification Number

Transaction ID : SB21B.4645
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)
C. UPT STRATEGIES

Mailing Address PO BOX 31403

City CHARLESTON State SC Zip Code 29417

Purpose of Disbursement
WEBSITE

Category/
Type

Candidate Name
1820 PAC

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
10 / 21 / 2020

FEC Identification Number

Transaction ID : SB21B.4603
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)
1820 PAC

Full Name (Last, First, Middle Initial) A. WINRED		Date of Disbursement MM / DD / YYYY 10 / 15 / 2020
Mailing Address PO BOX 9891		FEC Identification Number C00698126 Transaction ID : SB21B.4592
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CREDIT CARD FEES		Category/Type 001
Candidate Name 1820 PAC		Amount of Each Disbursement this Period 190.30
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. WINRED		Date of Disbursement MM / DD / YYYY 10 / 22 / 2020
Mailing Address PO BOX 9891		FEC Identification Number C00698126 Transaction ID : SB21B.4618
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CREDIT CARD FEES		Category/Type 001
Candidate Name 1820 PAC		Amount of Each Disbursement this Period 9310.90
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. WINRED		Date of Disbursement MM / DD / YYYY 10 / 22 / 2020
Mailing Address PO BOX 9891		FEC Identification Number C00698126 Transaction ID : SB21B.4619
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CREDIT CARD FEES		Category/Type 001
Candidate Name 1820 PAC		Amount of Each Disbursement this Period 380.30
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).....▶	9881.50
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)
1820 PAC

Full Name (Last, First, Middle Initial)

A. WINRED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
CREDIT CARD FEES

Category/
Type

Candidate Name
1820 PAC

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
10 / 29 / 2020

FEC Identification Number
C C00698126
Transaction ID : SB21B.4656
Amount of Each Disbursement this Period
190.30

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

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

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

Category/
Type

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

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).....▶

190.30
287082.92

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
1820 PAC
FEC IDENTIFICATION NUMBER
C C00698126

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee SRCP MEDIA, INC.
Mailing Address 201 N UNION STREET SUITE 200
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure MEDIA PLACEMENT AND PRODUCTION
Category/Type 004
Name of Federal Candidate: GIDEON, SARA, ,
Office Sought: Senate State: ME
Disbursement For: General 2020
Amount 800000.00
Transaction ID: SE.4571
Date of Disbursement or Obligation 10/15/2020

Full Name of Payee SRCP MEDIA, INC.
Mailing Address 201 N UNION STREET SUITE 200
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure MEDIA PLACEMENT AND PRODUCTION
Category/Type 004
Name of Federal Candidate: GIDEON, SARA, ,
Office Sought: Senate State: ME
Disbursement For: General 2020
Amount 75000.00
Transaction ID: SE.4581
Date of Disbursement or Obligation 10/16/2020

(a) SUBTOTAL of Itemized Independent Expenditures 875000.00
(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.

DATWYLER, THOMAS, ,

[Electronically Filed]

Date 11/17/2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
1820 PAC
FEC IDENTIFICATION NUMBER
C C00698126

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee SRCP MEDIA, INC.
Mailing Address 201 N UNION STREET SUITE 200
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure MEDIA PLACEMENT AND PRODUCTION
Category/Type 004
Name of Federal Candidate: GIDEON, SARA, ,
Office Sought: Senate State: ME
Disbursement For: General 2020
Amount 55000.00
Transaction ID: SE.4594
Date of Disbursement or Obligation 10/19/2020

Full Name of Payee SRCP MEDIA, INC.
Mailing Address 201 N UNION STREET SUITE 200
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure MEDIA PLACEMENT
Category/Type 004
Name of Federal Candidate: GIDEON, SARA, ,
Office Sought: Senate State: ME
Disbursement For: General 2020
Amount 200000.00
Transaction ID: SE.4622
Date of Disbursement or Obligation 10/23/2020

(a) SUBTOTAL of Itemized Independent Expenditures 255000.00
(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.

DATWYLER, THOMAS, ,

[Electronically Filed]

Date

11 / 17 / 2020

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) 1820 PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00698126 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item SRCP MEDIA, INC.	Date of Public Distribution/Dissemination 10 / 27 / 2020
Mailing Address 201 N UNION STREET SUITE 200	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">70000.00</div> Transaction ID : SE.4628 Date of Disbursement or Obligation 10 / 26 / 2020
City ALEXANDRIA State VA Zip Code 22314	
Purpose of Expenditure MEDIA PLACEMENT Category/Type 004	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose GIDEON, SARA, , ,	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ME
Calendar Year-To-Date Per Election for Office Sought 5443176.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item SRCP MEDIA, INC.	Date of Public Distribution/Dissemination 10 / 30 / 2020
Mailing Address 201 N UNION STREET SUITE 200	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">100000.00</div> Transaction ID : SE.4647 Date of Disbursement or Obligation 10 / 29 / 2020
City ALEXANDRIA State VA Zip Code 22314	
Purpose of Expenditure MEDIA PLACEMENT AND PRODUCTION Category/Type 004	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose GIDEON, SARA, , ,	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ME
Calendar Year-To-Date Per Election for Office Sought 5543176.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">170000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

DATWYLER, THOMAS, , ,

[Electronically Filed]

Date 11 / 17 / 2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
1820 PAC
FEC IDENTIFICATION NUMBER
C C00698126

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee SRCP MEDIA, INC.
Mailing Address 201 N UNION STREET SUITE 200
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure MEDIA PLACEMENT AND PRODUCTION
Category/Type 004
Name of Federal Candidate: GIDEON, SARA, ,
Disbursement For: General 2020
Amount 975000.00
Transaction ID: SE.4648

Full Name of Payee SRCP MEDIA, INC.
Mailing Address 201 N UNION STREET SUITE 200
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure MEDIA PLACEMENT AND PRODUCTION
Category/Type 004
Name of Federal Candidate: GIDEON, SARA, ,
Disbursement For: General 2020
Amount 85000.00
Transaction ID: SE.4657

(a) SUBTOTAL of Itemized Independent Expenditures 1060000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 2360000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DATWYLER, THOMAS, ,

[Electronically Filed]

Date 11 / 17 / 2020

Signature