

# 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.

### CHANGE NOW

ADDRESS (number and street)   
  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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

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

(a) Quarterly Reports:

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

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

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Type or Print Name of Treasurer \_\_\_\_\_

Signature of Treasurer Taylor, Zachary, , , [Electronically Filed] Date  /  /

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

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**CHANGE NOW**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		<input type="text" value="26622.80"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1371000.18"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="4445578.93"/>	<input type="text" value="6208946.38"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="5816579.11"/>	<input type="text" value="6235569.18"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3240122.82"/>	<input type="text" value="3659112.89"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2576456.29"/>	<input type="text" value="2576456.29"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**CHANGE NOW**

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).....	4445578.93	6208946.38
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4445578.93	6208946.38
(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) .....	4445578.93	6208946.38
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)).....▶	4445578.93	6208946.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4445578.93	6208946.38

**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 .....	404155.55	433467.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	404155.55	433467.66
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) .....	2835967.27	3225645.23
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)) ..	3240122.82	3659112.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3240122.82	3659112.89

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4445578.93	6208946.38
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4445578.93	6208946.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	404155.55	433467.66
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	404155.55	433467.66

**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 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**CHANGE NOW**

**A. Maine Momentum**

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

Mailing Address 12 Madison Street

City Portland	State ME	Zip Code 04101
------------------	-------------	-------------------

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 ▼  
675000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 27 / 2020

**Transaction ID : SA11AI.5414**

Amount of Each Receipt this Period  
675000.00

Memo Item

**B. Maine Momentum**

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

Mailing Address 12 Madison Street

City Portland	State ME	Zip Code 04101
------------------	-------------	-------------------

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 ▼  
676176.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2020

**Transaction ID : SA11AI.5424**

Amount of Each Receipt this Period  
1176.90

Memo Item  
In-kind - Staff Time

**C. Murdoch, James, Rupert, ,**

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

Mailing Address 117 E 69th Street

City New York	State NY	Zip Code 10021
------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
Lupa Systems LLC Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 14 / 2020

**Transaction ID : SA11AI.5409**

Amount of Each Receipt this Period  
250000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	926176.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 31
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CHANGE NOW**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Sixteen Thirty Fund</b>		Date of Receipt
Mailing Address 1201 Connecticut Ave NW Suite 300		<input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2020"/>
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.5408</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="350000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5013367.45"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Sixteen Thirty Fund</b>		Date of Receipt
Mailing Address 1201 Connecticut Ave NW Suite 300		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2020"/>
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.5422</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="19402.03"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item In-kind - Administrative Support
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5032769.48"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text"/>
Name of Employer (for Individual)		<input type="checkbox"/> Memo Item
Occupation (for Individual)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="3519402.03"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="4445578.93"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
**CHANGE NOW**

Full Name (Last, First, Middle Initial) <b>A. Amalgamated Bank</b>			Date of Disbursement MM / DD / YYYY 08 / 28 / 2020	
Mailing Address 275 Seventh Avenue				
City New York	State NY	Zip Code 10001	FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5416</b> Amount of Each Disbursement this Period [REDACTED] 101.25	
Purpose of Disbursement Bank Fee		Category/Type 001		
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Blue Ledger Group, LLC</b>			Date of Disbursement MM / DD / YYYY 08 / 25 / 2020	
Mailing Address 3326 SE Driftwood CT				
City Topeka	State KS	Zip Code 66605	FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5413</b> Amount of Each Disbursement this Period [REDACTED] 4022.50	
Purpose of Disbursement Accounting Services		Category/Type 001		
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Google, LLC</b>			Date of Disbursement MM / DD / YYYY 08 / 03 / 2020	
Mailing Address 1600 Amphitheatre Pkwy				
City Mountain View	State CA	Zip Code 94043	FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5403</b> Amount of Each Disbursement this Period [REDACTED] 31.80	
Purpose of Disbursement Website Services		Category/Type 001		
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 4155.55
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**CHANGE NOW**

Full Name (Last, First, Middle Initial)

**A. Google, LLC**

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View

State CA

Zip Code 94043

Purpose of Disbursement Website Services

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
08	/	03	/	2020

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5404**

Amount of Each Disbursement this Period

[REDACTED] 2.01

Memo Item

Full Name (Last, First, Middle Initial)

**B. JP West, Inc.**

Mailing Address 44 Wall Street  
12th Floor

City New York

State NY

Zip Code 10005

Purpose of Disbursement Insurance

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
08	/	31	/	2020

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5419**

Amount of Each Disbursement this Period

[REDACTED] 13470.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Maine Momentum**

Mailing Address 12 Madison Street

City Portland

State ME

Zip Code 04101

Purpose of Disbursement In-kind - Staff Time

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
08	/	31	/	2020

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5425**

Amount of Each Disbursement this Period

[REDACTED] 1176.90

Memo Item

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

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

[REDACTED] 14648.91

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CHANGE NOW**

Full Name (Last, First, Middle Initial) <b>A. MVAR Media LLC</b>			Date of Disbursement MM / DD / YYYY 08 / 14 / 2020	
Mailing Address 1421 Prince Street Suite 320			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5410</b> Amount of Each Disbursement this Period [REDACTED] 3204.28	
City Alexandria	State VA	Zip Code 22314	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Media Production - Not Disseminated		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. MVAR Media LLC</b>			Date of Disbursement MM / DD / YYYY 08 / 25 / 2020	
Mailing Address 1421 Prince Street Suite 320			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5411</b> Amount of Each Disbursement this Period [REDACTED] 1191.18	
City Alexandria	State VA	Zip Code 22314	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Media Production - Not Disseminated		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Prospero Latino LLC</b>			Date of Disbursement MM / DD / YYYY 08 / 25 / 2020	
Mailing Address 900 19th Street NW			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5412</b> Amount of Each Disbursement this Period [REDACTED] 3500.00	
City Washington	State DC	Zip Code 20006	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Communications Consulting		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 7895.46
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CHANGE NOW**

Full Name (Last, First, Middle Initial)

**A. Sixteen Thirty Fund**

Mailing Address 1201 Connecticut Ave NW  
Suite 300

City  
Washington

State  
DC

Zip Code  
20036

Purpose of Disbursement  
In-kind - Administrative Support

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5423

Amount of Each Disbursement this Period

1	9	4	0	2	.	0	3
---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. Targeted Platform Media, LLC**

Mailing Address P.O. Box 237

City  
Crownsville

State  
MD

Zip Code  
21032

Purpose of Disbursement  
Pre-Payment for Television Advertising Buy Not Yet Disseminated

004

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5418

Amount of Each Disbursement this Period

3	5	0	3	8	2	.	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**C. Worldview Incorporated**

Mailing Address 600 California Street

City  
11th Floor

State  
CA

Zip Code  
94108

Purpose of Disbursement  
Software

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5405

Amount of Each Disbursement this Period

7	6	6	6	.	6	0
---	---	---	---	---	---	---

Memo Item

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

3	7	7	4	5	.	6	3
---	---	---	---	---	---	---	---

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

4	0	4	1	5	.	5	5
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CHANGE NOW
FEC IDENTIFICATION NUMBER C C00683599

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

Full Name of Payee MVAR Media LLC
Mailing Address 1421 Prince Street Suite 320
City Alexandria State VA Zip Code 22314
Purpose of Expenditure Radio Advertising Production
Category/Type 004
Date of Public Distribution/Dissemination 08/04/2020
Amount 1430.65
Transaction ID: SE.5239
Date of Disbursement or Obligation 08/04/2020

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2020
Calendar Year-To-Date Per Election for Office Sought 415134.61

Full Name of Payee MVAR Media LLC
Mailing Address 1421 Prince Street Suite 320
City Alexandria State VA Zip Code 22314
Purpose of Expenditure Digital Advertising Buy
Category/Type 004
Date of Public Distribution/Dissemination 08/10/2020
Amount 174993.85
Transaction ID: SE.5247
Date of Disbursement or Obligation 08/06/2020

Name of Federal Candidate: MCSALLY, MARTHA, ,
Support Oppose
Office Sought: Senate
Disbursement For: General 2020
Calendar Year-To-Date Per Election for Office Sought 802446.85

(a) SUBTOTAL of Itemized Independent Expenditures 176424.50
(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.

Taylor, Zachary, , [Electronically Filed] Date 09/20/2020
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CHANGE NOW
FEC IDENTIFICATION NUMBER C C00683599

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

Full Name of Payee MVAR Media LLC
Mailing Address 1421 Prince Street Suite 320
City Alexandria State VA Zip Code 22314
Purpose of Expenditure Media Production Category/Type 004
Date of Public Distribution/Dissemination 08/10/2020
Amount 9459.83
Transaction ID: SE.5266
Date of Disbursement or Obligation 08/14/2020

Name of Federal Candidate: MCSALLY, MARTHA, ,
Support Oppose
Office Sought: House Senate
District: 00 State: AZ
Calendar Year-To-Date Per Election for Office Sought 811906.68
Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee MVAR Media LLC
Mailing Address 1421 Prince Street Suite 320
City Alexandria State VA Zip Code 22314
Purpose of Expenditure Digital Advertising Buy Category/Type 004
Date of Public Distribution/Dissemination 08/18/2020
Amount 106916.68
Transaction ID: SE.5284
Date of Disbursement or Obligation 08/14/2020

Name of Federal Candidate: MCSALLY, MARTHA, ,
Support Oppose
Office Sought: House Senate
District: 00 State: AZ
Calendar Year-To-Date Per Election for Office Sought 918823.36
Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 116376.51
(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.

Taylor, Zachary, , [Electronically Filed] Date 09/20/2020
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CHANGE NOW
FEC IDENTIFICATION NUMBER C C00683599

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

Full Name of Payee MVAR Media LLC
Mailing Address 1421 Prince Street Suite 320
City Alexandria State VA Zip Code 22314
Purpose of Expenditure Radio Advertising Production
Category/Type 004
Date of Public Distribution/Dissemination 08/19/2020
Amount 1828.15
Transaction ID : SE.5292
Date of Disbursement or Obligation 08/14/2020

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2020
Calendar Year-To-Date Per Election for Office Sought 783364.76

Full Name of Payee MVAR Media LLC
Mailing Address 1421 Prince Street Suite 320
City Alexandria State VA Zip Code 22314
Purpose of Expenditure Radio Advertising Production
Category/Type 004
Date of Public Distribution/Dissemination 08/11/2020
Amount 1452.08
Transaction ID : SE.5252
Date of Disbursement or Obligation 08/17/2020

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2020
Calendar Year-To-Date Per Election for Office Sought 784816.84

(a) SUBTOTAL of Itemized Independent Expenditures 3280.23
(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.

Taylor, Zachary, ,

[Electronically Filed]

Date

09/20/2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CHANGE NOW
FEC IDENTIFICATION NUMBER C C00683599

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

Full Name of Payee MVAR Media LLC
Mailing Address 1421 Prince Street Suite 320
City Alexandria State VA Zip Code 22314
Purpose of Expenditure Radio Advertising Production
Category/Type 004
Date of Public Distribution/Dissemination 08/11/2020
Amount 1452.08
Transaction ID: SE.5256
Date of Disbursement or Obligation 08/17/2020

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2020
Calendar Year-To-Date Per Election for Office Sought 786268.92

Full Name of Payee MVAR Media LLC
Mailing Address 1421 Prince Street Suite 320
City Alexandria State VA Zip Code 22314
Purpose of Expenditure Radio Advertising Production
Category/Type 004
Date of Public Distribution/Dissemination 08/19/2020
Amount 1546.54
Transaction ID: SE.5296
Date of Disbursement or Obligation 08/19/2020

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2020
Calendar Year-To-Date Per Election for Office Sought 805708.46

(a) SUBTOTAL of Itemized Independent Expenditures 2998.62
(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.

Taylor, Zachary, ,

[Electronically Filed]

Date

09/20/2020

Signature

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

NAME OF COMMITTEE (In Full) <b>CHANGE NOW</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00683599                 </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>MVAR Media LLC</b>	Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 08 / 19 / 2020
Mailing Address 1421 Prince Street Suite 320	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                  1430.67             </div> Transaction ID : <b>SE.5300</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 08 / 19 / 2020
City Alexandria State VA Zip Code 22314	
Purpose of Expenditure Radio Advertising Production Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD J., , ,	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">M M / D D / Y Y Y Y Y Y</span> 822073.13	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 <b>MVAR Media LLC</b>	Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 08 / 19 / 2020
Mailing Address 1421 Prince Street Suite 320	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                  1802.31             </div> Transaction ID : <b>SE.5304</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 08 / 19 / 2020
City Alexandria State VA Zip Code 22314	
Purpose of Expenditure Radio Advertising Production Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD J., , ,	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">M M / D D / Y Y Y Y Y Y</span> 835287.44	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                  3232.98             </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                  _____             </div>
<b>(c) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                  _____             </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.

Taylor, Zachary, , ,  
 \_\_\_\_\_  
 Signature

*[Electronically Filed]*

Date M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2020



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

NAME OF COMMITTEE (In Full) <b>CHANGE NOW</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00683599
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>MVAR Media LLC</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 1421 Prince Street Suite 320			Amount <input type="text"/> 1217.97		
City Alexandria	State VA	Zip Code 22314			
Purpose of Expenditure Radio Advertising Production		Category/ Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: TRUMP, DONALD J., , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1399153.41			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item <b>MVAR Media LLC</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 1421 Prince Street Suite 320			Amount <input type="text"/> 1699.04		
City Alexandria	State VA	Zip Code 22314			
Purpose of Expenditure Radio Advertising Production		Category/ Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: TRUMP, DONALD J., , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1400852.45			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 2917.01
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
<b>(c) TOTAL</b> Independent Expenditures .....	<input type="text"/>

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.

Taylor, Zachary, , ,

*[Electronically Filed]*

Date

/  /

Signature

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

NAME OF COMMITTEE (In Full) <b>CHANGE NOW</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00683599
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>MVAR Media LLC</b>		Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 08 / 25 / 2020	
Mailing Address 1421 Prince Street Suite 320		Amount <input type="text" value="1064.04"/>	
City Alexandria	State VA	Zip Code 22314	<b>Transaction ID : SE.5335</b>
Purpose of Expenditure Radio Advertising Production		Category/ Type <input type="text" value="004"/>	Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 08 / 25 / 2020
Name of Federal Candidate: TRUMP, DONALD J., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="1401916.49"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>MVAR Media LLC</b>		Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 08 / 25 / 2020	
Mailing Address 1421 Prince Street Suite 320		Amount <input type="text" value="1419.38"/>	
City Alexandria	State VA	Zip Code 22314	<b>Transaction ID : SE.5339</b>
Purpose of Expenditure Radio Advertising Production		Category/ Type <input type="text" value="004"/>	Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 08 / 25 / 2020
Name of Federal Candidate: TRUMP, DONALD J., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="1403335.87"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text" value="2483.42"/>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text" value=""/>
<b>(c) TOTAL</b> Independent Expenditures .....	<input type="text" value=""/>

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.

Taylor, Zachary, , , **[Electronically Filed]** Date  09 / 20 / 2020  
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CHANGE NOW
FEC IDENTIFICATION NUMBER C C00683599

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

Full Name of Payee Targeted Platform Media, LLC
Mailing Address P.O. Box 237
City Crownsville State MD Zip Code 21032
Purpose of Expenditure Radio Advertising Buy
Category/Type 004
Date of Public Distribution/Dissemination 08/04/2020
Amount 24026.00
Transaction ID: SE.5241
Date of Disbursement or Obligation 08/03/2020

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2020

Full Name of Payee Targeted Platform Media, LLC
Mailing Address P.O. Box 237
City Crownsville State MD Zip Code 21032
Purpose of Expenditure Television Advertising Buy
Category/Type 004
Date of Public Distribution/Dissemination 08/10/2020
Amount 627453.00
Transaction ID: SE.5244
Date of Disbursement or Obligation 08/06/2020

Name of Federal Candidate: MCSALLY, MARTHA, ,
Support Oppose
Office Sought: Senate
Disbursement For: General 2020

(a) SUBTOTAL of Itemized Independent Expenditures 651479.00
(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.

Taylor, Zachary, ,
Signature

[Electronically Filed]

Date 09/20/2020

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

NAME OF COMMITTEE (In Full) <b>CHANGE NOW</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00683599
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>Targeted Platform Media, LLC</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P.O. Box 237		Amount <input type="text"/> 170380.00
City Crownsville	State MD	
Zip Code 21032	Purpose of Expenditure Radio Advertising Buy	Transaction ID : <b>SE.5250</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Category/Type <input type="text"/> 004	Name of Federal Candidate: TRUMP, DONALD J., , ,	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 585514.61	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 <b>Targeted Platform Media, LLC</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P.O. Box 237		Amount <input type="text"/> 170380.00
City Crownsville	State MD	
Zip Code 21032	Purpose of Expenditure Radio Advertising Buy	Transaction ID : <b>SE.5254</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Category/Type <input type="text"/> 004	Name of Federal Candidate: TRUMP, DONALD J., , ,	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 755894.61	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 340760.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

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.

Taylor, Zachary, , ,

[Electronically Filed]

Date  /  /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CHANGE NOW
FEC IDENTIFICATION NUMBER C C00683599

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

Full Name of Payee Targeted Platform Media, LLC
Mailing Address P.O. Box 237
City Crownsville State MD Zip Code 21032
Purpose of Expenditure Radio Advertising Buy
Category/Type 004
Date of Public Distribution/Dissemination 08/11/2020
Amount 25642.00
Transaction ID: SE.5258
Date of Disbursement or Obligation 08/10/2020

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2020

Full Name of Payee Targeted Platform Media, LLC
Mailing Address P.O. Box 237
City Crownsville State MD Zip Code 21032
Purpose of Expenditure Television Advertising Buy
Category/Type 004
Date of Public Distribution/Dissemination 08/17/2020
Amount 903486.00
Transaction ID: SE.5286
Date of Disbursement or Obligation 08/14/2020

Name of Federal Candidate: MCSALLY, MARTHA, ,
Support Oppose
Office Sought: Senate
Disbursement For: General 2020

(a) SUBTOTAL of Itemized Independent Expenditures 929128.00
(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.

Taylor, Zachary, ,
Signature

[Electronically Filed]

Date 09/20/2020

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CHANGE NOW
FEC IDENTIFICATION NUMBER C C00683599

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

Full Name of Payee Targeted Platform Media, LLC
Mailing Address P.O. Box 237
City Crownsville State MD Zip Code 21032
Purpose of Expenditure Radio Advertising Buy Category/Type 004
Date of Public Distribution/Dissemination 08/19/2020
Amount 5072.00
Transaction ID: SE.5290
Date of Disbursement or Obligation 08/19/2020

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2020
Calendar Year-To-Date Per Election for Office Sought 791340.92

Full Name of Payee Targeted Platform Media, LLC
Mailing Address P.O. Box 237
City Crownsville State MD Zip Code 21032
Purpose of Expenditure Radio Advertising Buy Category/Type 004
Date of Public Distribution/Dissemination 08/19/2020
Amount 12821.00
Transaction ID: SE.5294
Date of Disbursement or Obligation 08/19/2020

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2020
Calendar Year-To-Date Per Election for Office Sought 804161.92

(a) SUBTOTAL of Itemized Independent Expenditures 17893.00
(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.

Taylor, Zachary, ,
Signature

[Electronically Filed]

Date 09/20/2020

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CHANGE NOW
FEC IDENTIFICATION NUMBER C C00683599

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

Full Name of Payee Targeted Platform Media, LLC
Mailing Address P.O. Box 237
City Crownsville State MD Zip Code 21032
Purpose of Expenditure Radio Advertising Buy Category/Type 004
Date of Public Distribution/Dissemination 08/19/2020
Amount 14934.00
Transaction ID: SE.5298
Date of Disbursement or Obligation 08/19/2020

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2020

Full Name of Payee Targeted Platform Media, LLC
Mailing Address P.O. Box 237
City Crownsville State MD Zip Code 21032
Purpose of Expenditure Radio Advertising Buy Category/Type 004
Date of Public Distribution/Dissemination 08/19/2020
Amount 11412.00
Transaction ID: SE.5302
Date of Disbursement or Obligation 08/19/2020

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2020

(a) SUBTOTAL of Itemized Independent Expenditures 26346.00
(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.

Taylor, Zachary, ,
Signature

[Electronically Filed]

Date 09/20/2020

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CHANGE NOW
FEC IDENTIFICATION NUMBER C C00683599

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

Full Name of Payee Targeted Platform Media, LLC
Mailing Address P.O. Box 237
City Crownsville State MD Zip Code 21032
Purpose of Expenditure Radio Advertising Buy Category/Type 004
Date of Public Distribution/Dissemination 08/19/2020
Amount 12821.00
Transaction ID: SE.5306
Date of Disbursement or Obligation 08/19/2020

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2020
Calendar Year-To-Date Per Election for Office Sought 848108.44

Full Name of Payee Targeted Platform Media, LLC
Mailing Address P.O. Box 237
City Crownsville State MD Zip Code 21032
Purpose of Expenditure Radio Advertising Buy Category/Type 004
Date of Public Distribution/Dissemination 08/19/2020
Amount 12004.00
Transaction ID: SE.5308
Date of Disbursement or Obligation 08/19/2020

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2020
Calendar Year-To-Date Per Election for Office Sought 860112.44

(a) SUBTOTAL of Itemized Independent Expenditures 24825.00
(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.

Taylor, Zachary, ,
Signature

[Electronically Filed]

Date 09/20/2020



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

NAME OF COMMITTEE (In Full) <b>CHANGE NOW</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00683599                 </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Targeted Platform Media, LLC</b>		Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 08 / 19 / 2020	
Mailing Address P.O. Box 237		Amount <span style="font-size: 1.2em;">845.00</span>	
City Crownsville	State MD	Zip Code 21032	<b>Transaction ID : SE.5310</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 08 / 19 / 2020
Purpose of Expenditure Radio Advertising Buy		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD J., , , Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="font-size: 1.2em;">860957.44</span>		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 <b>Targeted Platform Media, LLC</b>		Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 08 / 25 / 2020	
Mailing Address P.O. Box 237		Amount <span style="font-size: 1.2em;">1690.00</span>	
City Crownsville	State MD	Zip Code 21032	<b>Transaction ID : SE.5313</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 08 / 24 / 2020
Purpose of Expenditure Radio Advertising Buy		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD J., , , Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="font-size: 1.2em;">862647.44</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<span style="font-size: 1.2em;">2535.00</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<span style="font-size: 1.2em;"> </span>
<b>(c) TOTAL</b> Independent Expenditures ..... ▶	<span style="font-size: 1.2em;"> </span>

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.

Taylor, Zachary, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y 09 / 20 / 2020  
 Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CHANGE NOW
FEC IDENTIFICATION NUMBER C C00683599

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

Full Name of Payee Targeted Platform Media, LLC
Mailing Address P.O. Box 237
City Crownsville State MD Zip Code 21032
Purpose of Expenditure Radio Advertising Buy Category/Type 004
Date of Public Distribution/Dissemination 08/25/2020
Amount 29868.00
Transaction ID: SE.5315
Date of Disbursement or Obligation 08/24/2020

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2020
Calendar Year-To-Date Per Election for Office Sought 892515.44

Full Name of Payee Targeted Platform Media, LLC
Mailing Address P.O. Box 237
City Crownsville State MD Zip Code 21032
Purpose of Expenditure Radio Advertising Buy Category/Type 004
Date of Public Distribution/Dissemination 08/25/2020
Amount 24008.00
Transaction ID: SE.5317
Date of Disbursement or Obligation 08/24/2020

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2020
Calendar Year-To-Date Per Election for Office Sought 916523.44

(a) SUBTOTAL of Itemized Independent Expenditures 53876.00
(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.

Taylor, Zachary, ,
Signature

[Electronically Filed]

Date 09/20/2020

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

NAME OF COMMITTEE (In Full) <b>CHANGE NOW</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00683599
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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 <b>Targeted Platform Media, LLC</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address P.O. Box 237		Amount <input type="text"/>	
City Crownsville	State MD	Zip Code 21032	Transaction ID : <b>SE.5319</b>
Purpose of Expenditure Radio Advertising Buy		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TRUMP, DONALD J., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>Targeted Platform Media, LLC</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address P.O. Box 237		Amount <input type="text"/>	
City Crownsville	State MD	Zip Code 21032	Transaction ID : <b>SE.5321</b>
Purpose of Expenditure Radio Advertising Buy		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TRUMP, DONALD J., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
<b>(c) TOTAL</b> Independent Expenditures .....	<input type="text"/>

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.

Taylor, Zachary, , ,

*[Electronically Filed]*

Date

/  /

Signature

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

NAME OF COMMITTEE (In Full) <b>CHANGE NOW</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00683599
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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 <b>Targeted Platform Media, LLC</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address P.O. Box 237			Amount <input type="text"/>		
City Crownsville	State MD	Zip Code 21032	Transaction ID : <b>SE.5323</b>		
Purpose of Expenditure Radio Advertising Buy		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: TRUMP, DONALD J., , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item <b>Targeted Platform Media, LLC</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address P.O. Box 237			Amount <input type="text"/>		
City Crownsville	State MD	Zip Code 21032	Transaction ID : <b>SE.5325</b>		
Purpose of Expenditure Radio Advertising Buy		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: TRUMP, DONALD J., , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
<b>(c) TOTAL</b> Independent Expenditures .....	<input type="text"/>

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.

Taylor, Zachary, , ,

*[Electronically Filed]*

Date  /  /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CHANGE NOW
FEC IDENTIFICATION NUMBER C C00683599

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

Full Name of Payee Targeted Platform Media, LLC
Mailing Address P.O. Box 237
City Crownsville State MD Zip Code 21032
Purpose of Expenditure Radio Advertising Buy Category/Type 004
Date of Public Distribution/Dissemination 08/25/2020
Amount 9300.00
Transaction ID: SE.5329
Date of Disbursement or Obligation 08/24/2020

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2020
Calendar Year-To-Date Per Election for Office Sought 1302369.44

Full Name of Payee Targeted Platform Media, LLC
Mailing Address P.O. Box 237
City Crownsville State MD Zip Code 21032
Purpose of Expenditure Radio Advertising Buy Category/Type 004
Date of Public Distribution/Dissemination 08/25/2020
Amount 5916.00
Transaction ID: SE.5333
Date of Disbursement or Obligation 08/24/2020

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2020
Calendar Year-To-Date Per Election for Office Sought 1308285.44

(a) SUBTOTAL of Itemized Independent Expenditures 15216.00
(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.

Taylor, Zachary, ,
Signature

[Electronically Filed]

Date 09/20/2020

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CHANGE NOW
FEC IDENTIFICATION NUMBER C C00683599

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

Full Name of Payee Targeted Platform Media, LLC
Mailing Address P.O. Box 237
City Crownsville State MD Zip Code 21032
Purpose of Expenditure Radio Advertising Buy Category/Type 004
Date of Public Distribution/Dissemination 08/25/2020
Amount 41184.00
Transaction ID: SE.5337
Date of Disbursement or Obligation 08/24/2020

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2020
Calendar Year-To-Date Per Election for Office Sought 1349469.44

Full Name of Payee Targeted Platform Media, LLC
Mailing Address P.O. Box 237
City Crownsville State MD Zip Code 21032
Purpose of Expenditure Radio Advertising Buy Category/Type 004
Date of Public Distribution/Dissemination 08/25/2020
Amount 22824.00
Transaction ID: SE.5341
Date of Disbursement or Obligation 08/24/2020

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2020
Calendar Year-To-Date Per Election for Office Sought 1372293.44

(a) SUBTOTAL of Itemized Independent Expenditures 64008.00
(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.

Taylor, Zachary, ,
Signature

[Electronically Filed]

Date 09/20/2020

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

NAME OF COMMITTEE (In Full) <b>CHANGE NOW</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00683599
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>Targeted Platform Media, LLC</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address P.O. Box 237			Amount <input type="text"/> 25642.00		
City Crownsville	State MD	Zip Code 21032			
Purpose of Expenditure Radio Advertising Buy		Category/ Type <input type="text"/> 004	Transaction ID : <b>SE.5343</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: TRUMP, DONALD J., , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1397935.44			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address			Amount <input type="text"/>		
City	State	Zip Code			
Purpose of Expenditure		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 25642.00
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
<b>(c) TOTAL</b> Independent Expenditures .....	<input type="text"/> 2835967.27

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.

*Taylor, Zachary, , ,* [Electronically Filed] Date  /  /

Signature