

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

Voter Education

ADDRESS (number and street) 1201 N. Orange St Ste 700 #7427

Check if different than previously reported. (ACC) Wilmington DE 19801-1186

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

C C00574681

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

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

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

5. Covering Period 04 01 2016 through 06 30 2016

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

Type or Print Name of Treasurer Ann Mattson

Signature of Treasurer Ann Mattson [Electronically Filed] Date 07 14 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Voter Education

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="2016"/>	<input type="text" value="43381.87"/>	<input type="text" value="43381.87"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="79052.89"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="149782.00"/>	<input type="text" value="311589.55"/>
(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="228834.89"/>	<input type="text" value="354971.42"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="133080.06"/>	<input type="text" value="259216.59"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="95754.83"/>	<input type="text" value="95754.83"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="59931.80"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Voter Education

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).....	2120.00	2370.00
(ii) Unitemized	147662.00	309219.55
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	149782.00	311589.55
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	149782.00	311589.55
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	149782.00	311589.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	149782.00	311589.55

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	133080.06	259466.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	133080.06	259466.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	-250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	133080.06	259216.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	133080.06	259216.59

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	149782.00	311589.55
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	149782.00	311589.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	133080.06	259466.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	133080.06	259466.59

**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 33
	<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)
Voter Education

Full Name (Last, First, Middle Initial) A. Stephen Conley		Date of Receipt MM / DD / YYYY 04 / 01 / 2016 Transaction ID : SA11AI.43197
Mailing Address PO Box 411		Amount of Each Receipt this Period 100.00
City Wharton State OH Zip Code 43359	FEC ID number of contributing federal political committee. C	<input checked="" type="checkbox"/> Memo Item
Name of Employer Sonoco Protective Solutions Occupation Factory Worker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00

Full Name (Last, First, Middle Initial) B. Stephen Conley		Date of Receipt MM / DD / YYYY 06 / 21 / 2016 Transaction ID : SA11AI.43182
Mailing Address PO Box 411		Amount of Each Receipt this Period 100.00
City Wharton State OH Zip Code 43359	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item
Name of Employer Sonoco Protective Solutions Occupation Factory Worker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

Full Name (Last, First, Middle Initial) C. John Downing		Date of Receipt MM / DD / YYYY 04 / 01 / 2016 Transaction ID : SA11AI.43198
Mailing Address 7781 County Road 320		Amount of Each Receipt this Period 100.00
City Rifle State CO Zip Code 81650	FEC ID number of contributing federal political committee. C	<input checked="" type="checkbox"/> Memo Item
Name of Employer Not provided Occupation Rancher	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A -G79 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFH`G7 <98I @ `CF `H9A -N5 HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.43197

This amount was originally on the April 15th quarterly report lumped in as an undesignated unitemized contribution due to the size of individual contributions under the \$200 itemization limit. It is added here so the aggregate amount will be correct on this report's over \$200 itemization.

Form/Schedule: SA11AI

Transaction ID: SA11AI.43198

This amount was originally on the April 15th quarterly report lumped in as an undesignated unitemized contribution due to the size of individual contributions under the \$200 itemization limit. It is added here so the aggregate amount will be correct on this report's over \$200 itemization.

**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 33
(check only one)

<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)
Voter Education

Full Name (Last, First, Middle Initial)
A. John Downing

Mailing Address 7781 County Road 320

City	State	Zip Code
Rifle	CO	81650

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

Name of Employer	Occupation
Not provided	Rancher

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2016

Transaction ID : SA11AI.43183

Amount of Each Receipt this Period
200.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Robert G Griffith

Mailing Address 420 N Willowbrook Dr

City	State	Zip Code
Paris	TN	38242

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

Name of Employer	Occupation
Retired	Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2016

Transaction ID : SA11AI.43199

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
c. Robert G Griffith

Mailing Address 420 N Willowbrook Dr

City	State	Zip Code
Paris	TN	38242

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

Name of Employer	Occupation
Retired	Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 03 / 2016

Transaction ID : SA11AI.43185

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.43199

This amount was originally on the April 15th quarterly report lumped in as an undesignated unitemized contribution due to the size of individual contributions under the \$200 itemization limit. It is added here so the aggregate amount will be correct on this report's over \$200 itemization.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 10 OF 33
(check only one)

<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)
Voter Education

Full Name (Last, First, Middle Initial)
A. Deborah S Hoover

Mailing Address 1970 Technology Pkwy

City Mechanicsburg State PA Zip Code 17050

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

Name of Employer Self Employed Occupation Business Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 22 / 2016
Transaction ID : SA11AI.43187

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Roberley Jacobson

Mailing Address 1126 Brookhollow Rd

City Anderson State SC Zip Code 29621

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

Name of Employer Not provided Occupation Not provided

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 27 / 2016
Transaction ID : SA11AI.43189

Amount of Each Receipt this Period
300.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Scott E Langfield

Mailing Address 4415 Foothill Blvd

City Grants Pass State OR Zip Code 97526

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

Name of Employer Copeland Asphalt Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
04 / 01 / 2016
Transaction ID : SA11AI.43200

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.43200

This amount was originally on the April 15th quarterly report lumped in as an undesignated unitemized contribution due to the size of individual contributions under the \$200 itemization limit. It is added here so the aggregate amount will be correct on this report's over \$200 itemization.

Form/Schedule:

Transaction ID:

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 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Voter Education

A. Scott E Langfield
Full Name (Last, First, Middle Initial)

Mailing Address 4415 Foothill Blvd

City Grants Pass State OR Zip Code 97526

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

Name of Employer Copeland Asphalt Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2016

Transaction ID : SA11AI.43190

Amount of Each Receipt this Period
 100.00

Memo Item

B. Charles E Mitchell Jr
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 15323

City Quinby State SC Zip Code 29506

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

Name of Employer Self Employed Occupation Self Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 110.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2016

Transaction ID : SA11AI.43201

Amount of Each Receipt this Period
 110.00

Memo Item

C. Charles E Mitchell Jr
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 15323

City Quinby State SC Zip Code 29506

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

Name of Employer Self Employed Occupation Self Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2016

Transaction ID : SA11AI.43191

Amount of Each Receipt this Period
 120.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	220.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.43201

This amount was originally on the April 15th quarterly report lumped in as an undesignated unitemized contribution due to the size of individual contributions under the \$200 itemization limit. It is added here so the aggregate amount will be correct on this report's over \$200 itemization.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Voter Education

A. Dwain Newman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2491 E Joyce Blvd
 City Fayetteville State AR Zip Code 72703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Not provided Occupation Not provided
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2016
Transaction ID : SA11AI.43193
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Emma Petty
 Full Name (Last, First, Middle Initial)
 Mailing Address 12835 Hunterfield Dr
 City Cypress State TX Zip Code 77429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2016
Transaction ID : SA11AI.43202
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. Emma Petty
 Full Name (Last, First, Middle Initial)
 Mailing Address 12835 Hunterfield Dr
 City Cypress State TX Zip Code 77429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2016
Transaction ID : SA11AI.43194
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.43202

This amount was originally on the April 15th quarterly report lumped in as an undesignated unitemized contribution due to the size of individual contributions under the \$200 itemization limit. It is added here so the aggregate amount will be correct on this report's over \$200 itemization.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 16 OF 33
(check only one)

<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)
Voter Education

Full Name (Last, First, Middle Initial)
A. Chad Stevens

Mailing Address 9045 W Burnham

City Denton State NE Zip Code 68339

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

Name of Employer Not provided Occupation Mil Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2016

Transaction ID : SA11AI.43196

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	2120.00

**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"/> 24	<input type="checkbox"/> 25	<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)
Voter Education

Full Name (Last, First, Middle Initial)

A. Ignite Payments

Mailing Address 4000 Coral Ridge Dr

City State Zip Code
Coral Springs FL 33065

Purpose of Disbursement
Credit card fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2016

Transaction ID : SB21B.43233

Amount of Each Disbursement this Period

389.41

Memo Item

Full Name (Last, First, Middle Initial)

B. Ignite Payments

Mailing Address 4000 Coral Ridge Dr

City State Zip Code
Coral Springs FL 33065

Purpose of Disbursement
Credit card fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SB21B.43235

Amount of Each Disbursement this Period

509.11

Memo Item

Full Name (Last, First, Middle Initial)

C. Ignite Payments

Mailing Address 4000 Coral Ridge Dr

City State Zip Code
Coral Springs FL 33065

Purpose of Disbursement
Credit card fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SB21B.43237

Amount of Each Disbursement this Period

551.84

Memo Item

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

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

1450.36

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)
Voter Education

Full Name (Last, First, Middle Initial)

A. National Capital Bank

Mailing Address 316 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Bank charge

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 07 / 2016

Transaction ID : SB21B.43232

Amount of Each Disbursement this Period: 830.60

Memo Item

Full Name (Last, First, Middle Initial)

B. National Capital Bank

Mailing Address 316 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Bank charge

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 10 / 2016

Transaction ID : SB21B.43234

Amount of Each Disbursement this Period: 762.93

Memo Item

Full Name (Last, First, Middle Initial)

C. National Capital Bank

Mailing Address 316 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Bank charge

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 07 / 2016

Transaction ID : SB21B.43236

Amount of Each Disbursement this Period: 836.03

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2429.56

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)
Voter Education

Full Name (Last, First, Middle Initial)

A. Pitney Bowes Presort Service, Inc

Mailing Address PO Box 371896

City State Zip Code
Pittsburg PA 15250-7896

Purpose of Disbursement
Postage and direct mail services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.43211

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Pitney Bowes Presort Service, Inc

Mailing Address PO Box 371896

City State Zip Code
Pittsburg PA 15250-7896

Purpose of Disbursement
Postage and direct mail services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.43228

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Pitney Bowes Presort Service, Inc

Mailing Address PO Box 371896

City State Zip Code
Pittsburg PA 15250-7896

Purpose of Disbursement
Postage and direct mail services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.43229

Amount of Each Disbursement this Period

Memo Item

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

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5H-CB

Form/Schedule: **SB21B**

Transaction ID : **SB21B.43211**

No portion of this expenditure was made on behalf of, or in opposition to, any specifically identified Federal candidate.
This activity did not expressly advocate the election or defeat of any candidate for public office.

Form/Schedule: **SB21B**

Transaction ID: **SB21B.43228**

No portion of this expenditure was made on behalf of, or in opposition to, any specifically identified Federal candidate.
This activity did not expressly advocate the election or defeat of any candidate for public office.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.43229

No portion of this expenditure was made on behalf of, or in opposition to, any specifically identified Federal candidate.
This activity did not expressly advocate the election or defeat of any candidate for public office.

Form/Schedule:

Transaction ID:

**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"/> 24	<input type="checkbox"/> 25	<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)
Voter Education

Full Name (Last, First, Middle Initial)

A. Political Issue Advocacy LLC

Mailing Address 519 W 22nd St Suite 100

City State Zip Code
Sioux Falls SD 57105

Purpose of Disbursement
Phone banks

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 27 / 2016

Transaction ID : **SB21B.43216**

Amount of Each Disbursement this Period

33838.98

Memo Item

Full Name (Last, First, Middle Initial)

B. Political Issue Advocacy LLC

Mailing Address 519 W 22nd St Suite 100

City State Zip Code
Sioux Falls SD 57105

Purpose of Disbursement
Direct mail services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 27 / 2016

Transaction ID : **SB21B.43217**

Amount of Each Disbursement this Period

711.69

Memo Item

Full Name (Last, First, Middle Initial)

C. Political Issue Advocacy LLC

Mailing Address 519 W 22nd St Suite 100

City State Zip Code
Sioux Falls SD 57105

Purpose of Disbursement
Phone banks

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2016

Transaction ID : **SB21B.43223**

Amount of Each Disbursement this Period

48220.31

Memo Item

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

82770.98

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.43216

No portion of this expenditure was made on behalf of, or in opposition to, any specifically identified Federal candidate.
This activity did not expressly advocate the election or defeat of any candidate for public office.

Form/Schedule: SB21B

Transaction ID: SB21B.43217

No portion of this expenditure was made on behalf of, or in opposition to, any specifically identified Federal candidate.
This activity did not expressly advocate the election or defeat of any candidate for public office.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.43223

No portion of this expenditure was made on behalf of, or in opposition to, any specifically identified Federal candidate.
This activity did not expressly advocate the election or defeat of any candidate for public office.

Form/Schedule:

Transaction ID:

**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"/> 24	<input type="checkbox"/> 25	<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)
Voter Education

Full Name (Last, First, Middle Initial)

A. Political Issue Advocacy LLC

Mailing Address 519 W 22nd St Suite 100

City State Zip Code
Sioux Falls SD 57105

Purpose of Disbursement
Direct mail services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.43224

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. RFP Services, LLC

Mailing Address 615 S Dupont Highway

City State Zip Code
Dover DE 19901

Purpose of Disbursement
Direct mail services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.43208

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. RFP Services, LLC

Mailing Address 615 S Dupont Highway

City State Zip Code
Dover DE 19901

Purpose of Disbursement
Phone banks

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.43209

Amount of Each Disbursement this Period

Memo Item

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

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.43224

No portion of this expenditure was made on behalf of, or in opposition to, any specifically identified Federal candidate.
This activity did not expressly advocate the election or defeat of any candidate for public office.

Form/Schedule:

Transaction ID:

**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"/> 24	<input type="checkbox"/> 25	<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)
Voter Education

Full Name (Last, First, Middle Initial)

A. US Postal Service

Mailing Address 900 Brentwood Rd NE

City Washington State DC Zip Code 20066

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : SB21B.43219

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. US Postal Service

Mailing Address 900 Brentwood Rd NE

City Washington State DC Zip Code 20066

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2016

Transaction ID : SB21B.43221

Amount of Each Disbursement this Period

952.00

Memo Item

Full Name (Last, First, Middle Initial)

C. US Postal Service

Mailing Address 900 Brentwood Rd NE

City Washington State DC Zip Code 20066

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2016

Transaction ID : SB21B.43225

Amount of Each Disbursement this Period

908.85

Memo Item

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

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

3860.85

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: **SB21B**

Transaction ID : **SB21B.43219**

No portion of this expenditure was made on behalf of, or in opposition to, any specifically identified Federal candidate.
This activity did not expressly advocate the election or defeat of any candidate for public office.

Form/Schedule: **SB21B**

Transaction ID: **SB21B.43221**

No portion of this expenditure was made on behalf of, or in opposition to, any specifically identified Federal candidate.
This activity did not expressly advocate the election or defeat of any candidate for public office.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.43225

No portion of this expenditure was made on behalf of, or in opposition to, any specifically identified Federal candidate. This activity did not expressly advocate the election or defeat of any candidate for public office.

Form/Schedule:

Transaction ID:

**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"/> 24	<input type="checkbox"/> 25	<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)
Voter Education

Full Name (Last, First, Middle Initial)

A. US Postal Service

Mailing Address 900 Brentwood Rd NE

City Washington State DC Zip Code 20066

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : SB21B.43230

Amount of Each Disbursement this Period

528.95

Memo Item

Full Name (Last, First, Middle Initial)

B. US Postal Service

Mailing Address 900 Brentwood Rd NE

City Washington State DC Zip Code 20066

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : SB21B.43231

Amount of Each Disbursement this Period

474.65

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

1003.60

132950.56

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.43230

No portion of this expenditure was made on behalf of, or in opposition to, any specifically identified Federal candidate.
This activity did not expressly advocate the election or defeat of any candidate for public office.

Form/Schedule: SB21B

Transaction ID: SB21B.43231

No portion of this expenditure was made on behalf of, or in opposition to, any specifically identified Federal candidate.
This activity did not expressly advocate the election or defeat of any candidate for public office.

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 32 OF 33
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Voter Education

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Political Issue Advocacy LLC	Nature of Debt (Purpose): Phone banks
Mailing Address 519 W 22nd St Suite 100	
City State Zip Code Sioux Falls SD 57105	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.43238	
Amount Incurred This Period 58916.34	Payment This Period 0.00	Outstanding Balance at Close of This Period 58916.34

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Political Issue Advocacy LLC	Nature of Debt (Purpose): Direct mail services
Mailing Address 519 W 22nd St Suite 100	
City State Zip Code Sioux Falls SD 57105	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.43239	
Amount Incurred This Period 1015.46	Payment This Period 0.00	Outstanding Balance at Close of This Period 1015.46

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RFP Services, LLC	Nature of Debt (Purpose): Phone banks
Mailing Address 615 S Dupont Highway	
City State Zip Code Dover DE 19901	

Outstanding Balance Beginning This Period 35611.59	Transaction ID : SD10.43162	
Amount Incurred This Period 0.00	Payment This Period 35611.59	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	59931.80
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 33 OF 33
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Voter Education

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RFP Services, LLC	Nature of Debt (Purpose): Direct mail services
Mailing Address 615 S Dupont Highway	
City State Zip Code Dover DE 19901	

Outstanding Balance Beginning This Period 805.88	Transaction ID : SD10.43163	
Amount Incurred This Period 0.00	Payment This Period 805.88	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	59931.80
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	59931.80