

**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

AMERICA FIRST ACTION, INC.

ADDRESS (number and street)

1400 Crystal Drive

Suite 850

☐ Check if different than previously reported. (ACC)

Arlington

VA

22202

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00637512

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

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M / D D / Y Y Y Y Y Y
11 06 2018in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
10 18 2018

through

M M / D D / Y Y Y Y Y Y
11 26 2018

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

PROCH, JON, , ,

Type or Print Name of Treasurer

Signature of Treasurer

PROCH, JON, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 25 2019

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

AMERICA FIRST ACTION, INC.

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 18 / 2018 To: M M / D D / Y Y Y Y Y 11 / 26 / 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2018		1899129.69
(b) Cash on Hand at Beginning of Reporting Period.....	6856930.78	
(c) Total Receipts (from Line 19)	4901156.33	34878016.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	11758087.11	36777146.33
7. Total Disbursements (from Line 31).....	8951878.35	33970937.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2806208.76	2806208.76
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

AMERICA FIRST ACTION, INC.

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	6		2	0	1	8

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).....	4405252.00	33943599.13
(ii) Unitemized	47763.01	456914.04
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4453015.01	34400513.17
(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)	4453015.01	34400513.17
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).....	443394.54	464861.03
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	4746.78	12642.44
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))	4901156.33	34878016.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4901156.33	34878016.64

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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	696682.84	4601606.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	696682.84	4601606.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1300000.00	1300000.00
24. Independent Expenditures (use Schedule E)	6907370.51	28019735.53
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	3575.00	5346.00
(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)).....	3575.00	5346.00
29. Other Disbursements (Including Non-Federal Donations).....	44250.00	44250.00
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)) ..	8951878.35	33970937.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8951878.35	33970937.57

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4453015.01	34400513.17
34. Total Contribution Refunds (from Line 28(d))	3575.00	5346.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4449440.01	34395167.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	696682.84	4601606.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	443394.54	464861.03
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	253288.30	4136745.01

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

Form/Schedule: F3XA
Transaction ID :

The report is amended to show YTD changes prompted by an amendment to the Pre-General report. Cash on Hand is not affected.

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 7 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. ALEXANDER, DANA, , ,

Mailing Address 328 BASILWOOD WAY

City
LITTLETON

State
CO

Zip Code
80126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2018

Transaction ID : SA11AI.39701

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. ALLEN, BLAIR, , ,

Mailing Address 2601 COLLEGE PKWY

City
CARSON CITY

State
NV

Zip Code
89706

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COMSTOCK VILLAGE

Occupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2018

Transaction ID : SA11AI.39534

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. AMERICA FIRST POLICIES, INC.

Mailing Address 1400 CRYSTAL DRIVE
SUITE 850

City
ARLINGTON

State
VA

Zip Code
22202

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 ▼

502221.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2018

Transaction ID : SA11AI.41242

Amount of Each Receipt this Period

87736.00

☐ Memo Item

IN-KIND: PAYROLL / OFFICE EXPENSES

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

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

88236.00

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 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. ANWAR, JAVAID, S, ,

Mailing Address 110 N. MARIENFELD
 SUITE 101

City
 MIDLAND

State
 TX

Zip Code
 79701

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 MIDLAND ENERGY, INC.

Occupation (for Individual)
 PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 25 / 2018

Transaction ID : SA11AI.39065

Amount of Each Receipt this Period

250000.00

☐ Memo Item

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

B. AULBACH, TIFFANY, , ,

Mailing Address 10575 HOLLY STREET

City

RANCHO CUCAMONGA

State

CA

Zip Code

91701

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 US ARMY CORPS OF ENGINEERS

Occupation (for Individual)
 SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 13 / 2018

Transaction ID : SA11AI.40744

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. BAILEY, ROY, , ,

Mailing Address 3312 MARQUETTE

City

DALLAS

State

TX

Zip Code

75225

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 BAILEY DEASON

Occupation (for Individual)
 CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 05 / 2018

Transaction ID : SA11AI.40356

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

252525.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. BALCH, DIANE, , ,

Mailing Address 10906 LAKE WINDERMERE DR

City
GREAT FALLS

State
VA

Zip Code
22066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2018

Transaction ID : SA11AI.39979

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. BALL, WILLIAM, , ,

Mailing Address 4500 RICHMOND AVE

City
AUSTIN

State
TX

Zip Code
78745

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
ENTREPRENEUR

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
10 / 22 / 2018

Transaction ID : SA11AI.39013

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. BARCO, SHARON, , ,

Mailing Address 23 GOLFVIEW PL

City
ROTONDA WEST

State
FL

Zip Code
33947

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BARCOS ACCOUNTING & TAX

Occupation (for Individual)
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2018

Transaction ID : SA11AI.39754

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

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

375.00

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 10 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. BARRETT, DOUGLAS, , ,

Mailing Address 5200 HONEY GINGER AVE.

City
LAS VEGAS

State
NV

Zip Code
89131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2018

Transaction ID : SA11AI.39805

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. BAXTER, KEN, , ,

Mailing Address 8440 CARMEL RIDGE COURT

City
LAS VEGAS

State
NV

Zip Code
89113

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
APOLLO REALTY

Occupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2018

Transaction ID : SA11AI.39015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. BAXTER, KEN, , ,

Mailing Address 8440 CARMEL RIDGE COURT

City
LAS VEGAS

State
NV

Zip Code
89113

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
APOLLO REALTY

Occupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 22 / 2018

Transaction ID : SA11AI.40911

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

250.00

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

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

FOR LINE NUMBER: PAGE 11 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. BEALS, CAMERON, , ,

Mailing Address 370 LAURELEAF DR

City
PRESCOTT

State
AZ

Zip Code
86303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2018

Transaction ID : SA11AI.38617

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. BEALS, CAMERON, , ,

Mailing Address 370 LAURELEAF DR

City
PRESCOTT

State
AZ

Zip Code
86303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2018

Transaction ID : SA11AI.40861

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. BECKER, KAT, , ,

Mailing Address 41691 N LOTUS AVE

City
ANTIOCH

State
IL

Zip Code
60002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
REMAX

Occupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 13 / 2018

Transaction ID : SA11AI.40738

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 12 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. BECKER, ROBERT, , ,

Mailing Address 1039 ANNA COVES BLVD

City
LAKE ANNA

State
VA

Zip Code
23117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2018

Transaction ID : SA11AI.40474

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. BENEDICT, GEORGE, , ,

Mailing Address 7 SEAFIELD LANE

City
WESTHAMPTON BEACH

State
NY

Zip Code
11978

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2018

Transaction ID : SA11AI.39679

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. BENNETT, JAMES, , ,

Mailing Address 300 NW 16TH STREET

City
OKLAHOMA CITY

State
OK

Zip Code
73103

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2018

Transaction ID : SA11AI.38823

Amount of Each Receipt this Period

10000.00

☐ Memo Item

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

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

11050.00

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

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

FOR LINE NUMBER: PAGE 13 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. BENSON, JUDY, , ,

Mailing Address 7550 HILLSIDE DRIVE

City
LA JOLLA

State
CA

Zip Code
92037

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.40604

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. BISHOP, GEORGE, , ,

Mailing Address 1425 LAKE FRONT CIRCLE

City
THE WOODLANDS

State
TX

Zip Code
77380

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GEOSOUTHERN ENERGY CORP

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2018

Transaction ID : SA11AI.39210

Amount of Each Receipt this Period

800000.00

☐ Memo Item

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

C. BLADES, LYNN, , ,

Mailing Address 1772 EVANS ROAD

City
ARKPORT

State
NY

Zip Code
14807

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2018

Transaction ID : SA11AI.39821

Amount of Each Receipt this Period

2700.00

☐ Memo Item

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

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

802950.00

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

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

FOR LINE NUMBER: PAGE 14 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. BOND, GEOFFREY, , ,

Mailing Address 15017 LAKE PRETTY DR

City
ODESSA

State
FL

Zip Code
33556

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2018

Transaction ID : SA11AI.38928

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. BROWN, THOMAS, , ,

Mailing Address 3101 CELBRIDGE COURT

City
VIRGINIA BEACH

State
VA

Zip Code
23452

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2018

Transaction ID : SA11AI.39461

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. BRUNTON, PAUL, , ,

Mailing Address 1840 WILLDBERRY DRIVE

City
GLENVIEW

State
IL

Zip Code
60025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2018

Transaction ID : SA11AI.38649

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. BULATAO, BLANCHE, , ,

Mailing Address 8929 W TIERRA BUENA LN

City
PEORIAState
AZZip Code
85382FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMERICAN EXPRESSOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2018

Transaction ID : SA11AI.40447

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. BURNETT, PETER, , ,

Mailing Address 3744 S LEISURE WORLD BLVD

City

SILVER SPRING

State

MD

Zip Code

20906

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
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
 11 / 03 / 2018

Transaction ID : SA11AI.40220

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. BUTERA, ROBERT, , ,

Mailing Address 4204 COLDWATER DR

City

ROCKLIN

State

CA

Zip Code

95765

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
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
 11 / 03 / 2018

Transaction ID : SA11AI.40181

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

225.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. BUTLER, SCOTT, , ,

Mailing Address 4108 WARNOCK COURT

City
FORT WORTH

State
TX

Zip Code
76109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ENVISION

Occupation (for Individual)
RADIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2018

Transaction ID : SA11AI.39285

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. CALDERON, ERNESTINA, , ,

Mailing Address 146 ROCK HILL CHURCH RD

City
STAFFORD

State
VA

Zip Code
22556

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DON

Occupation (for Individual)
LOG MGMT SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2018

Transaction ID : SA11AI.39626

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. CALKINS, DAVID, , ,

Mailing Address 620 FOUR HILLS RD SE

City
ALBUQUERQUE

State
NM

Zip Code
87123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SUNRISE MEDICAL GROUP

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2018

Transaction ID : SA11AI.39684

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

625.00

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

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

FOR LINE NUMBER: PAGE 17 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. CAMPBELL, JOHN, , ,

Mailing Address 3861 BOCA BAY DRIVE

City
DALLAS

State
TX

Zip Code
75244

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TEXAS INSTRUMENTS

Occupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID : SA11AI.40713

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. CAMUS, DAVID, , ,

Mailing Address 42-41 CORPORAL KENNEDY ST
3C

City
BAYSIDE

State
NY

Zip Code
11361

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2018

Transaction ID : SA11AI.40732

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. CANTRELL, DON, , ,

Mailing Address 5655 W. OASIS RD.

City
TUCSON

State
AZ

Zip Code
85742

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KINDER MORGAN GAS PIPELINES

Occupation (for Individual)
MANAGER

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
10 / 18 / 2018

Transaction ID : SA11AI.38457

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

350.00

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

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

FOR LINE NUMBER: PAGE 18 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. CAREY, RICHARD, R, ,

Mailing Address P.O. BOX 2128

City
GRANBURYState
TXZip Code
76048FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TEJAS WESTERNOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2018

Transaction ID : SA11AI.39996

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. CARY COMMUNICATIONS

Mailing Address PO BOX 11848

City
CHARLESTONState
WVZip Code
25339FEC 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 ▼

27000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2018

Transaction ID : SA11AI.40398

Amount of Each Receipt this Period

27000.00

☐ Memo Item

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

C. CLARK, GARY, , ,

Mailing Address 2630 N HAYDEN ISLAND DR
SLIP 18City
PORTLANDState
ORZip Code
97217FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ELECTRONIC SECURITY CONSULTANTS, LLCOccupation (for Individual)
SECURITY CONSULTANT

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
11 / 09 / 2018

Transaction ID : SA11AI.40501

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

28250.00

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

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

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

FOR LINE NUMBER: PAGE 19 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. COLLINS, ANN MARIE, MARIE, ,

Mailing Address 1252 INGERSON ROAD

City
SAINT PAUL

State
MN

Zip Code
55112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JONES LANG LASALLE

Occupation (for Individual)
REALTY CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2018

Transaction ID : SA11AI.39972

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. CONTINENTAL RESOURCES, INC.

Mailing Address PO BOX 268835

City
OKLAHOMA CITY

State
OK

Zip Code
73126

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 ▼

577660.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2018

Transaction ID : SA11AI.39653

Amount of Each Receipt this Period

50000.00

☐ Memo Item

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

C. COSTIGLIOLO, BOB, , ,

Mailing Address 7300 N FINE ROAD

City
LINDEN

State
CA

Zip Code
95236

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
FARMER

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
11 / 17 / 2018

Transaction ID : SA11AI.40818

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

50150.00

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

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

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

FOR LINE NUMBER: PAGE 20 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. CRAMER, JIM, , ,

Mailing Address 2817 S LIPSCOMB

City
AMARILLO

State
TX

Zip Code
79109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AUSTIN HOSE

Occupation (for Individual)
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 01 / 2018

Transaction ID : SA11AI.40004

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. CROWE, DAVID, , ,

Mailing Address 79405 HWY 111
STE 9-204

City
LA QUINTA

State
CA

Zip Code
92253

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 13 / 2018

Transaction ID : SA11AI.40737

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

C. DAVINO, FRAN, , ,

Mailing Address 93 BLUE MILL RD.

City
MORRISTOWN

State
NJ

Zip Code
07960

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2018

Transaction ID : SA11AI.38862

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

335.00

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

PAGE 21 OF 191

<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)

AMERICA FIRST ACTION, INC.

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

A. DAVIS, TOMMY, , ,

Mailing Address 5675 CASCADE COURT

City
COLUMBUSState
GAZip Code
31904FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INVESTOR

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
10	19	2018

Transaction ID : SA11AI.38838

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. DEASON, DARWIN, , ,Mailing Address 5956 SHERRY LN
STE 800City
DALLASState
TXZip Code
75225FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DEASON CAPITAL SERVICESOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	22	2018

Transaction ID : SA11AI.39018

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

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

C. DON MCGILL TOYOTA OF KATY

Mailing Address 2155 KATY FREEWAY

City
KATYState
TXZip Code
77450FEC 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 ▼

1000000.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	18	2018

Transaction ID : SA11AI.38567

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

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

2000250.00

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

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

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

FOR LINE NUMBER: PAGE 22 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. DORAN, JOSEPH, , ,

Mailing Address 753 FARNHAM LANE

City
VIRGINIA BEACH

State
VA

Zip Code
23455

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2018

Transaction ID : SA11AI.39276

Amount of Each Receipt this Period

1.00

☐ Memo Item

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

B. DORAN, JOSEPH, , ,

Mailing Address 753 FARNHAM LANE

City
VIRGINIA BEACH

State
VA

Zip Code
23455

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 26 / 2018

Transaction ID : SA11AI.40934

Amount of Each Receipt this Period

1.00

☐ Memo Item

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

C. DUERST, DANIEL, , ,

Mailing Address 613 3RD ST NW

City
BEMIDJI

State
MN

Zip Code
56601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
CARPENTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2018

Transaction ID : SA11AI.39975

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

27.00

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

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

FOR LINE NUMBER: PAGE 23 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. ENTREPRENEURIAL PROPERTIES CORPORATION

Mailing Address 4100 NEWPORT PLACE
#400

City State Zip Code
NEWPORT BEACH CA 92660

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 ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2018

Transaction ID : SA11AI.39063

Amount of Each Receipt this Period

100000.00

☐ Memo Item

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

B. ETEMADI, ALIREZA, , ,

Mailing Address 2258 FRONT RANGE CT

City State Zip Code
ERIE CO 80516

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2018

Transaction ID : SA11AI.40341

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. EVANS, ANN, M, ,

Mailing Address 2626 PATRICE LANE

City State Zip Code
MAUMEE OH 43537

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2018

Transaction ID : SA11AI.40075

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

100150.00

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

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

FOR LINE NUMBER: PAGE 24 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. FARRELL, ELLY, , ,

Mailing Address 104 KNICKERBOCKER RD W

City
PLAINVIEW

State
NY

Zip Code
11803

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2018

Transaction ID : SA11AI.38528

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. FARRELL, ELLY, , ,

Mailing Address 104 KNICKERBOCKER RD W

City
PLAINVIEW

State
NY

Zip Code
11803

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2018

Transaction ID : SA11AI.39105

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. FARRELL, ELLY, , ,

Mailing Address 104 KNICKERBOCKER RD W

City
PLAINVIEW

State
NY

Zip Code
11803

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2018

Transaction ID : SA11AI.39871

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. FENSKE, JOHN, , ,

 Mailing Address 7404 TOWN CENTER BLVD
 APT 414

 City
 ROSENBERG

 State
 TX

 Zip Code
 77471

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 FISERV

 Occupation (for Individual)
 SR PROGRAMMER ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2018

Transaction ID : SA11AI.39738

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

B. FRITZ, BRENDA, , ,

Mailing Address 520 HARRIER HAWK

City

EDMOND

State

OK

Zip Code

73003

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 RETIRED

 Occupation (for Individual)
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2018

Transaction ID : SA11AI.38943

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

C. FRITZ, BRENDA, , ,

Mailing Address 520 HARRIER HAWK

City

EDMOND

State

OK

Zip Code

73003

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 RETIRED

 Occupation (for Individual)
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2018

Transaction ID : SA11AI.40891

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

105.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 191

(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)

AMERICA FIRST ACTION, INC.

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

A. GANZERT, MICHAEL, , ,

Mailing Address 2119 EDENTON RD

City
CHARLOTTEState
NCZip Code
28211FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SURVEYOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2018

Transaction ID : SA11AI.40894

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. GIFFIN, CHERYL, , ,

Mailing Address 3296 HOLLOW CORNERS RD

City
DRYDENState
MIZip Code
48428FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID : SA11AI.40721

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. GOSNELL, TODD, , ,

Mailing Address 5506 PINE ROAD

City
THOMASVILLEState
PAZip Code
17364FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GOSNELL PAVINGOccupation (for Individual)
PRESIDENT

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
10	/	30	/	2018

Transaction ID : SA11AI.39753

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

375.00

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

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

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

FOR LINE NUMBER: PAGE 27 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. GRAHAM, HENDRIK, , ,

Mailing Address 102 MOANA AVE

City
KIHEIState
HIZip Code
96753FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2018

Transaction ID : SA11AI.40238

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. GREYTAK, DAVID, , ,

Mailing Address 831 WRIGHTS NECK RD

City

CENTREVILLE

State

MD

Zip Code

21617

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2018

Transaction ID : SA11AI.39166

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. GROUT, ALAN, , ,

Mailing Address 3074 US RTE 9

City

VALATIE

State

NY

Zip Code

12184

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2018

Transaction ID : SA11AI.39840

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

400.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. HANLON, SHIELA, , ,

Mailing Address 10 SKYLAND PLACE

City

THE WOODLANDS

State

TX

Zip Code

77381

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

REALTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 14 / 2018

Transaction ID : SA11AI.40751

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

B. HAWKINS, GREGG, , ,

Mailing Address 113 SHADOW LAKE DRIVE

City

BUCKHEAD

State

GA

Zip Code

30625

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

THE SILVER MOON

Occupation (for Individual)

OWNER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 14 / 2018

Transaction ID : SA11AI.40756

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. HINSON, HERBERT, , ,

Mailing Address 3422 SW 15TH STREET

City

DEERFIELD BEACH

State

FL

Zip Code

33442

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ARAMCO

Occupation (for Individual)

ANALYST

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2018

Transaction ID : SA11AI.38667

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

435.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 191
(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)

AMERICA FIRST ACTION, INC.

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

A. HINSON, HERBERT, , ,

Mailing Address 3422 SW 15TH STREET

City
DEERFIELD BEACHState
FLZip Code
33442FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ARAMCOOccupation (for Individual)
ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2018

Transaction ID : SA11AI.40870

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. HODGE, CHRIS, , ,

Mailing Address 2180 IDLEWILD RD

City
PALM BEACH GARDENSState
FLZip Code
33410FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE WAYS BOATYARDOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2018

Transaction ID : SA11AI.40465

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

C. HOLLOWAY, ROBERT, , ,

Mailing Address 921 MILL POND CT

City
NORTHVILLEState
MIZip Code
48167FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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
11	/	26	/	2018

Transaction ID : SA11AI.40940

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

425.00

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

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

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

FOR LINE NUMBER: PAGE 30 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. HUCKABA, RAYMOND, , ,

Mailing Address PO BOX 21

City
AZALEA

State
OR

Zip Code
97410

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2018

Transaction ID : SA11AI.38465

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

B. HUGHES, ANDREW, , ,

Mailing Address 1343 SOUTH HENDERSON AVE

City
DALLAS

State
TX

Zip Code
75223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSAL FOREST PRODUCTS

Occupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2018

Transaction ID : SA11AI.39130

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. HUGHES, ANDREW, , ,

Mailing Address 1343 SOUTH HENDERSON AVE

City
DALLAS

State
TX

Zip Code
75223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSAL FOREST PRODUCTS

Occupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2018

Transaction ID : SA11AI.39470

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 31 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. INATOME, JOYCE, , ,

Mailing Address 2558 ESCADA CT.

City
NAPLES

State
FL

Zip Code
34109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2018

Transaction ID : SA11AI.39280

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. IRION, CHRISTOPHER, , ,

Mailing Address 7178 GREENSWARD ROAD

City
NEW ALBANY

State
OH

Zip Code
43054

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
E-CYCLE

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2018

Transaction ID : SA11AI.38930

Amount of Each Receipt this Period

50000.00

☐ Memo Item

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

C. ISAACS, JON, , ,

Mailing Address 992 S 4TH AVE
#100-512

City
BRIGHTON

State
CO

Zip Code
82001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
NATURAL RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2018

Transaction ID : SA11AI.40236

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

50300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. JAVERY, LISA, , ,

Mailing Address 2900 EGYPT VALLEY AVE NE

City
ADAState
MIZip Code
49301FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LISA JAVERYOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2018

Transaction ID : SA11AI.39501

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. JEAN-CHARLES, VICKIE, , ,

Mailing Address 125 PATTERSON STREET, UNIT #220
UNIT #220

City

SAN JOSE

State
CAZip Code
95112FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
XACTLY CORPORATIONOccupation (for Individual)
SR SYSTEM ENGINEER

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
 10 / 19 / 2018

Transaction ID : SA11AI.38929

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. JEAN-CHARLES, VICKIE, , ,

Mailing Address 125 PATTERSON STREET, UNIT #220
UNIT #220

City

SAN JOSE

State
CAZip Code
95112FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
XACTLY CORPORATIONOccupation (for Individual)
SR SYSTEM ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2018

Transaction ID : SA11AI.40874

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 33 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. JOBE, RENEE, , ,

Mailing Address 8185 E ALAMEDA RD

City
SCOTTSDALE

State
AZ

Zip Code
85255

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2018

Transaction ID : SA11AI.38978

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. JOBE, RENEE, , ,

Mailing Address 8185 E ALAMEDA RD

City
SCOTTSDALE

State
AZ

Zip Code
85255

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2018

Transaction ID : SA11AI.40901

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. JOHNSTON, SHIRLEY, , ,

Mailing Address 451 COUNTY ROAD 450
#450

City
THRALL

State
TX

Zip Code
76578

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2018

Transaction ID : SA11AI.38982

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

1025.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. JOHNSTON, SHIRLEY, , ,

Mailing Address 451 COUNTY ROAD 450
#450

City
THRALL

State
TX

Zip Code
76578

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 21 / 2018

Transaction ID : SA11AI.40903

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. JUSTICE, JAMES, C, , II

Mailing Address 1900 KANAWHA BLVD EAST

City

CHARLESTON

State

WV

Zip Code

25305

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STATE OF WV

Occupation (for Individual)
GOVERNOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

27500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2018

Transaction ID : SA11AI.40396

Amount of Each Receipt this Period

27500.00

☐ Memo Item

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

C. KASTEN, RONALD, , ,

Mailing Address PO BOX 773152

City

EAGLE RIVER

State

AK

Zip Code

99577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2018

Transaction ID : SA11AI.40164

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

27575.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. KNIGHT, ROB, , ,

Mailing Address 3451 SERENDIPITY HILLS TRAIL

City
DENTONState
TXZip Code
76210FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INDEPENDENT BUYER CO-OPOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2018

Transaction ID : SA11AI.39125

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. KNOX, RYAN, , ,

Mailing Address 2050 S 116TH CIRCLE

City
WALTONState
NEZip Code
68461FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2018

Transaction ID : SA11AI.39026

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. KNOX, RYAN, , ,

Mailing Address 2050 S 116TH CIRCLE

City
WALTONState
NEZip Code
68461FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2018

Transaction ID : SA11AI.39859

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

600.00

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. KRAMIEN, RICK, , ,

Mailing Address 17600 NE OLDS LANE

City
NEWBERGState
ORZip Code
97132FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GEORGE MORLAN PLUMBING SUPPLYOccupation (for Individual)
CEO

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
 10 / 18 / 2018

Transaction ID : SA11AI.38666

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. LABAND, CAROLYN, , ,

Mailing Address 1140 US HWY 287 STE. 400-171
STE. 400-171City
BROOMFIELDState
COZip Code
80020FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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
 10 / 19 / 2018

Transaction ID : SA11AI.38893

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. LACANNE, AL, , ,

Mailing Address 2127 E KNOX RD

City
TEMPEState
AZZip Code
85284FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INTERSTATEOccupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2018

Transaction ID : SA11AI.40755

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

350.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. LANE, MICHAEL, , ,

Mailing Address 3307 LUCKY DEBONAIR TR

City

TALLAHASSEE

State

FL

Zip Code

32309

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2018

Transaction ID : SA11AI.39670

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. LANEY, DONALD, , ,

Mailing Address 4111 MANORFIELD

City

SEABROOK

State

TX

Zip Code

77586

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 01 / 2018

Transaction ID : SA11AI.39977

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. LANG, LEON, , ,

Mailing Address 26417 N FERNBUSH DR

City

PHOENIX

State

AZ

Zip Code

85083

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2018

Transaction ID : SA11AI.39094

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

600.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. LANG, LEON, , ,

Mailing Address 26417 N FERNBUSH DR

City
PHOENIXState
AZZip Code
85083FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2018

Transaction ID : SA11AI.40917

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. LEACH, JOHN, , ,

Mailing Address 2485 RUE DU JARDIN

City
NAPLESState
FLZip Code
34105FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2018

Transaction ID : SA11AI.40362

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. LEMA, JAMES, , ,

Mailing Address 78 RICHFIELD STREET

City
PLAINVIEWState
NYZip Code
11803FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CORZO CONTRACTING CO INCOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2018

Transaction ID : SA11AI.38549

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1350.00

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

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

PAGE 39 OF 191

<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)

AMERICA FIRST ACTION, INC.

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

A. LOCKTON, JOHN, , ,

Mailing Address 4747 S. FRANKLIN STREET

City

CHERRY HILLS VILLAGE

State

CO

Zip Code

80113

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

LOCKTON CORPORATION

Occupation (for Individual)

BUSINESS OWNER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2018

Transaction ID : SA11AI.38711

Amount of Each Receipt this Period

50000.00

☐ Memo Item

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

B. LOVE, KENNETH, , ,

Mailing Address 3503 WESTELM CT.

City

RICHMOND

State

TX

Zip Code

77406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

THE GAR CO.

Occupation (for Individual)

ATTORNEY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2018

Transaction ID : SA11AI.39836

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. LOVETT, CELESTE, , ,

Mailing Address 47 LAKE VIEW DR W

City

OCALA

State

FL

Zip Code

34482

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

LOVETT LAWNS, INC.

Occupation (for Individual)

VICE PRESIDENT

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2018

Transaction ID : SA11AI.40725

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

50525.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. MACKLE, LORETTA, , ,

Mailing Address 409 JUNO DUNES WAY

City

JUNO BEACH

State

FL

Zip Code

33408

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2018

Transaction ID : SA11AI.38808

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

B. MACKLE, LORETTA, , ,

Mailing Address 409 JUNO DUNES WAY

City

JUNO BEACH

State

FL

Zip Code

33408

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 19 / 2018

Transaction ID : SA11AI.40880

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

C. MADEIRA, MANUEL, , ,

Mailing Address 86-055 ANALIPO ST.

City

WAIANAE

State

HI

Zip Code

96792

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2018

Transaction ID : SA11AI.38918

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

320.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. MADEIRA, MANUEL, , ,

Mailing Address 86-055 ANALIPO ST.

City
WAIANAE

State
HI

Zip Code
96792

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 19 / 2018

Transaction ID : SA11AI.40887

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. MAGINAS, STEPHEN, , ,

Mailing Address 3404 25TH STREET

City
ROCK ISLAND

State
IL

Zip Code
61201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BITCO INSURANCE COMPANIES

Occupation (for Individual)
LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2018

Transaction ID : SA11AI.39042

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. MAPLES, HAZEL, , ,

Mailing Address 3200 DUBOSE AVE

City
SEMMES

State
AL

Zip Code
36575

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2018

Transaction ID : SA11AI.39678

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

525.00

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

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

FOR LINE NUMBER: PAGE 42 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. MARCUS, JOEL, S, ,

Mailing Address 3153 ABINGTON
DRIVE

City
BEVERLY HILLS

State
CA

Zip Code
90210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALEXANDRIA REAL ESTATE EQUITIES

Occupation (for Individual)
EXECUTIVE CHAIRMAN AND FOUND

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2018

Transaction ID : SA11AI.40010

Amount of Each Receipt this Period

100000.00

☐ Memo Item

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

B. MASON, IRVING, , ,

Mailing Address 588 TWOMBLEY RD

City
SANFORD

State
ME

Zip Code
04073

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2018

Transaction ID : SA11AI.40655

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. MCCAFFETY, JUNE, , ,

Mailing Address 270 ROSENWALL ROAD

City
HUNTSVILLE

State
TX

Zip Code
77320

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EPIC HEALTH SERVICES

Occupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2018

Transaction ID : SA11AI.39672

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

100070.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. MCCARL, FOSTER, , ,

Mailing Address 14 LAUREL SPRING ROAD

City
OKATIE

State
SC

Zip Code
29909

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE MCCARL GROUP

Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2018

Transaction ID : SA11AI.38890

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. MCKOWEN, JOHN, , ,

Mailing Address 456 MADISON STREET

City
DENVER

State
CO

Zip Code
80206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
ENTREPRENEUR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2018

Transaction ID : SA11AI.40767

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. MEDVE, JAKOB, , ,

Mailing Address 3401 LEE PARKWAY
#2203

City
DALLAS

State
TX

Zip Code
75219

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2018

Transaction ID : SA11AI.40736

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

450.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. MEDVED, DEBRA, KAREN, ,

Mailing Address 1334 SOUTH GRAPEVINE ROAD

City
GOLDEN

State
CO

Zip Code
80401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2018

Transaction ID : SA11AI.39967

Amount of Each Receipt this Period

25000.00

☐ Memo Item

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

B. MEDVED, JOHN, FRANKLIN, ,

Mailing Address 1334 SOUTH GRAPEVINE ROAD

City
GOLDEN

State
CO

Zip Code
80401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MEDVED AUTOPLEY

Occupation (for Individual)
AUTO DEALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2018

Transaction ID : SA11AI.39851

Amount of Each Receipt this Period

25000.00

☐ Memo Item

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

C. MENDOZA, NANCY, , ,

Mailing Address 12995 VIA REGALLO DR.

City
RANCHO CUCAMONGA

State
CA

Zip Code
91739

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2018

Transaction ID : SA11AI.38610

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

50025.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. MENDOZA, NANCY, , ,

Mailing Address 12995 VIA REGALLO DR.

City
RANCHO CUCAMONGA

State
CA

Zip Code
91739

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2018

Transaction ID : SA11AI.40858

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. MERRICK, SUSAN, , ,

Mailing Address 1715 CATTLE DRIVE

City
CEDAR PARK

State
TX

Zip Code
78613

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2018

Transaction ID : SA11AI.38773

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. MERRICK, SUSAN, , ,

Mailing Address 1715 CATTLE DRIVE

City
CEDAR PARK

State
TX

Zip Code
78613

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 19 / 2018

Transaction ID : SA11AI.40878

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 46 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. MERRILL, BRYAN, , ,

Mailing Address 2816 SW 19TH CT

City
OCALA

State
FL

Zip Code
34471

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AUTO GROUP OF AMERICA

Occupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2018

Transaction ID : SA11AI.39751

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. MESSICK, WALTER, , ,

Mailing Address 2753 SPRUCE CREEK BLVD

City

PORT ORANGE

State

FL

Zip Code

32128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2018

Transaction ID : SA11AI.39292

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. MESSICK, WALTER, , ,

Mailing Address 2753 SPRUCE CREEK BLVD

City

PORT ORANGE

State

FL

Zip Code

32128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2018

Transaction ID : SA11AI.40935

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 47 OF 191
(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)

AMERICA FIRST ACTION, INC.

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

A. METZGER, NOLAN, , ,Mailing Address 3030 POST OAK BLVD. #802
#802City
HOUSTONState
TXZip Code
77056FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OPPENHEIMER & CO.Occupation (for Individual)
FINANCIAL ADVISOR

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
11	25	2018

Transaction ID : SA11AI.40924

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. MILTON, JOHN, , ,

Mailing Address 1517 ANACOSTIA AVE

City

MOUNT PLEASANT

State

SC

Zip Code

29466

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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
10	20	2018

Transaction ID : SA11AI.38956

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. MILTON, JOHN, , ,

Mailing Address 1517 ANACOSTIA AVE

City

MOUNT PLEASANT

State

SC

Zip Code

29466

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
11	20	2018

Transaction ID : SA11AI.40893

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

100.00

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

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. MITCHELL, AMY, E, ,

Mailing Address 4321 SAINT JOHNS DR

City
DALLAS

State
TX

Zip Code
75205

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RIATA CORPORATE GROUP

Occupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2018

Transaction ID : SA11AI.39057

Amount of Each Receipt this Period

12500.00

☐ Memo Item

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

B. MITCHELL, NOAH, MALONE, ,

Mailing Address 4321 SAINT JOHNS DRIVE

City
DALLAS

State
TX

Zip Code
75205

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RIATA CORPORATE GROUP

Occupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2018

Transaction ID : SA11AI.41246

Amount of Each Receipt this Period

12500.00

☐ Memo Item

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

C. MONTANA, SCOTT, , ,

Mailing Address 11036 FERNBURY DRIVE

City
FORT WORTH

State
TX

Zip Code
76179

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SOUTHWEST AIRLINES

Occupation (for Individual)
AVIONICS TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2018

Transaction ID : SA11AI.40144

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

25050.00

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

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

FOR LINE NUMBER: PAGE 49 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. MONTE, MANON, , ,

Mailing Address 405 BRENTWOOD DR

City

JONESBORO

State

AR

Zip Code

72404

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 19 / 2018

Transaction ID : SA11AI.38733

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. MORRELL, JEFF, , ,

Mailing Address 7025 HILLBECK DR

City

COLORADO SPRINGS

State

CO

Zip Code

80922

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TRI-LAKES ROOFING & EXTERIOR

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 30 / 2018

Transaction ID : SA11AI.39786

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. MUCKLO, MATTHEW, , ,

Mailing Address PO BOX 1322

City

NEWARK

State

CA

Zip Code

94560

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

APPLE

Occupation (for Individual)

SOFTWARE DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 03 / 2018

Transaction ID : SA11AI.40147

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. MUCKLO, MATTHEW, , ,

Mailing Address PO BOX 1322

City
NEWARK

State
CA

Zip Code
94560

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
APPLE

Occupation (for Individual)
SOFTWARE DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2018

Transaction ID : SA11AI.40387

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. MUKHERJEE, DOROTHY, , ,

Mailing Address 1445 RIVIERA DR

City
KISSIMMEE

State
FL

Zip Code
34744

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2018

Transaction ID : SA11AI.39769

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. MURPHY, ANNE, , ,

Mailing Address 19951 COLLIER ST.

City
WOODLAND HILLS

State
CA

Zip Code
91364

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2018

Transaction ID : SA11AI.39616

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

250.00

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

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

FOR LINE NUMBER: PAGE 51 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. NAULT, PAULA, , ,

Mailing Address 21001 SAN RAMON VALLEY BLVD

A4

City

SAN RAMON

State

CA

Zip Code

94583

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

HOME IMPROVEMENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2018

Transaction ID : SA11AI.38995

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. NAULT, PAULA, , ,

Mailing Address 21001 SAN RAMON VALLEY BLVD

A4

City

SAN RAMON

State

CA

Zip Code

94583

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

HOME IMPROVEMENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2018

Transaction ID : SA11AI.40906

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. NEAL, MADALINE, , ,

Mailing Address 16 GLEN ARBOR PARK

City

ORMOND BEACH

State

FL

Zip Code

32174

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2018

Transaction ID : SA11AI.38824

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 52 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. NEAL, MADALINE, , ,

Mailing Address 16 GLEN ARBOR PARK

City
ORMOND BEACH

State
FL

Zip Code
32174

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 19 / 2018

Transaction ID : SA11AI.40883

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. NEUBAUER, DEREK, , ,

Mailing Address 1200 BRUMLOW AVE.

City
SOUTHLAKE

State
TX

Zip Code
76092

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
FINANCE ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2018

Transaction ID : SA11AI.40303

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. NEWELL, GUY, , ,

Mailing Address 246 SUITE 100
732 S 11TH ST.

City
NILES

State
MI

Zip Code
49120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LEONARDO DRS

Occupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2018

Transaction ID : SA11AI.38999

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

575.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. NEWELL, GUY, , ,

Mailing Address 246 SUITE 100
732 S 11TH ST.

City
NILES

State
MI

Zip Code
49120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LEONARDO DRS

Occupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 22 / 2018

Transaction ID : SA11AI.40909

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. NEWMAN, BARBARA, , ,

Mailing Address 24 CHURCH ST

City

NEW CANAAN

State

CT

Zip Code

06840

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2018

Transaction ID : SA11AI.40943

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. OBERHEIDEN, NICK, , ,

Mailing Address 5728 LBJ FWY
STE 250

City

DALLAS

State

TX

Zip Code

75240

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OBERHEIDEN P.C.

Occupation (for Individual)
LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2018

Transaction ID : SA11AI.39212

Amount of Each Receipt this Period

100000.00

☐ Memo Item

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

100150.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. OSTERTAG, EDWARD, , ,

Mailing Address 1420 VALLEY RANCH CIRCLE

City
PRESCOTT

State
AZ

Zip Code
86303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2018

Transaction ID : SA11AI.39695

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. OWENS, EDWARD, , ,

Mailing Address 2552 COUNTRY FALLS LANE

City
RENO

State
NV

Zip Code
89521

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
FINANCE CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2018

Transaction ID : SA11AI.38845

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. PATRICK, JOE, , ,

Mailing Address 8540 E MCDOWELL RD
UNIT 87

City
MESA

State
AZ

Zip Code
85207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PC HEALTHCARE ENTERPRISES, INC

Occupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2018

Transaction ID : SA11AI.38709

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

525.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. PATTERSON, MARILYN, , ,

Mailing Address 30262 KINGS VALLEY EAST

City
CONIFER

State
CO

Zip Code
80433

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID : SA11AI.40504

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. PETERSON, JOSEPH, , ,

Mailing Address 8321 SUMMER CREEK CT

City

SACRAMENTO

State

CA

Zip Code

95828

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AI

Occupation (for Individual)
CS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2018

Transaction ID : SA11AI.39003

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. PICKARD, TINA, , ,

Mailing Address 430 PICKARD RD

City

FORT VALLEY

State

GA

Zip Code

31030

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PICKARD SALES CO

Occupation (for Individual)
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2018

Transaction ID : SA11AI.40469

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

160.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. POTTS, GERALD, , ,

Mailing Address 102 TROMBAY DR

City
WILMINGTON

State
NC

Zip Code
28412

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 07 / 2018

Transaction ID : SA11AI.40467

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. POWER, ANN, , ,

Mailing Address 200 GLENWOOD CIR

City
MONTEREY

State
CA

Zip Code
93940

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2018

Transaction ID : SA11AI.39661

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. PRICE, WILLIAM, F, , JR

Mailing Address 18434 COASTLINE DRIVE

City
MALIBU

State
CA

Zip Code
90265

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2018

Transaction ID : SA11AI.39061

Amount of Each Receipt this Period

50000.00

☐ Memo Item

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

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

50120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 57 OF 191
(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)

AMERICA FIRST ACTION, INC.

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

A. REEBALS, CRISTINA, , ,

Mailing Address 4638 OLD LOONEY MILL ROAD

City
BIRMINGHAMState
ALZip Code
35243FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UAB HOSPITALOccupation (for Individual)
CRNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2018

Transaction ID : SA11AI.38859

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

B. REID, DONNA, , ,

Mailing Address 1574 HWY 70 W

City
DE QUEENState
ARZip Code
71832FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
TRANSPORTATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2018

Transaction ID : SA11AI.40120

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. RISTAGNO, BONNIE, , ,

Mailing Address 17340 SW RIDER LN

City
BEAVERTONState
ORZip Code
97007FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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
10		18		2018

Transaction ID : SA11AI.38611

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

5125.00

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

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

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

FOR LINE NUMBER: PAGE 58 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. RISTAGNO, BONNIE, , ,

Mailing Address 17340 SW RIDER LN

City
BEAVERTONState
ORZip Code
97007FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2018

Transaction ID : SA11AI.40859

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. ROBINSON, SYNDEE, , ,

Mailing Address 6844 SILVERTIP CT

City
MAINEVILLEState
OHZip Code
45039FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2018

Transaction ID : SA11AI.40752

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. ROGERS, WESLEY, , ,

Mailing Address 801 BLUEBONNET

City
BISHOPState
TXZip Code
78343FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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
11 / 17 / 2018

Transaction ID : SA11AI.40813

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

325.00

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

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. ROLL, KEVIN, J, ,

Mailing Address 575 KRISTY CT

City
NEWPORT NEWS

State
VA

Zip Code
23602

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2018

Transaction ID : SA11AI.40823

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

B. ROSS, CYNTHIA, , ,

Mailing Address 611 KINGFISHER AVE

City
SHERIDAN

State
WY

Zip Code
82801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2018

Transaction ID : SA11AI.40354

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. ROSS, CYNTHIA, , ,

Mailing Address 611 KINGFISHER AVE

City
SHERIDAN

State
WY

Zip Code
82801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2018

Transaction ID : SA11AI.40433

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

135.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. SABATES, FELIX, , ,

Mailing Address PO BOX 729

City
PINEVILLE

State
NC

Zip Code
28134

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MERCEDES BENZ SOUTH CHARLOTTE

Occupation (for Individual)
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2018

Transaction ID : SA11AI.39863

Amount of Each Receipt this Period

10000.00

☐ Memo Item

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

B. SAIA, DAVID, , ,

Mailing Address 8924 CRIMSON RIDGE WAY

City
ROSEVILLE

State
CA

Zip Code
95747

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2018

Transaction ID : SA11AI.40339

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. SAULSBURY, CHARLES, R, , SR

Mailing Address 6400 N MONTATA AVE.

City
ODESSA

State
TX

Zip Code
79762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SAULSBURY INDUSTRIES

Occupation (for Individual)
FOUNDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 29 / 2018

Transaction ID : SA11AI.39607

Amount of Each Receipt this Period

500000.00

☐ Memo Item

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

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

510100.00

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

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. SCHLATHER, GARY, , ,

Mailing Address 2086 ALTWEIN LM

City
NEW BRAUNFELS

State
TX

Zip Code
78130

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2018

Transaction ID : SA11AI.40864

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. SENNE, CARL, , ,

Mailing Address 7908 KANDY LANE

City
NORTH RICHLAND HILLS

State
TX

Zip Code
76182

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TEXAS HEALTH RESOURCES

Occupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2018

Transaction ID : SA11AI.40477

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. SHAFER, JACK, , ,

Mailing Address 722 LAKEWOOD LN

City
GRAPEVINE

State
TX

Zip Code
76051

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2018

Transaction ID : SA11AI.39493

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. SHANR, DENISE, , ,

Mailing Address 1300 NORTH LAKE SHORE DRIVE
 #25A

City
 CHICAGO

State
 IL

Zip Code
 60610

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 RETIRED

Occupation (for Individual)
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 05 / 2018

Transaction ID : SA11AI.40348

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. SMARICK, SEAN, , ,

Mailing Address 481 OAKCREST DR

City

NORTH HUNTINGDON

State

PA

Zip Code

15642

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 COMPASSION FIRST

Occupation (for Individual)
 VETERINARIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 22 / 2018

Transaction ID : SA11AI.39005

Amount of Each Receipt this Period

4999.00

☐ Memo Item

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

C. STOCKER, RONALD, C, ,

Mailing Address 110 URQUHART RD

City

CHEHALIS

State

WA

Zip Code

98532

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 RETIRED

Occupation (for Individual)
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 27 / 2018

Transaction ID : SA11AI.39341

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

5299.00

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

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. STOCKER, RONALD, C, ,

Mailing Address 110 URQUHART RD

City
CHEHALISState
WAZip Code
98532FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2018

Transaction ID : SA11AI.39846

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. STOTHARD, CONNIE, , ,

Mailing Address 1008 COLQUITT ST

City
LAGRANGEState
GAZip Code
30241FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STOTHARD ENGINEERING, INCOccupation (for Individual)
CEO

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
 10 / 30 / 2018

Transaction ID : SA11AI.39713

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. SUMMERS, JON, , ,

Mailing Address 185 210TH ST

City
FAIRVIEWState
KSZip Code
66425FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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
 10 / 19 / 2018

Transaction ID : SA11AI.38840

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

525.00

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

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. SUN, SALLY, , ,

Mailing Address 3047 W PEMBROOK LOOP

City
FRESNO

State
CA

Zip Code
93711

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2018

Transaction ID : SA11AI.39121

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. SUN, SALLY, , ,

Mailing Address 3047 W PEMBROOK LOOP

City
FRESNO

State
CA

Zip Code
93711

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2018

Transaction ID : SA11AI.40232

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. SUN, SALLY, , ,

Mailing Address 3047 W PEMBROOK LOOP

City
FRESNO

State
CA

Zip Code
93711

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 25 / 2018

Transaction ID : SA11AI.40916

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

250.00

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

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. SWENSON, JANNETTE, , ,

Mailing Address 34385 N. IRONWOOD RD.

City
SCOTTSDALE

State
AZ

Zip Code
85266

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2018

Transaction ID : SA11AI.40330

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. SZUSTER, DAVID, , ,

Mailing Address 11 STATION ROAD

City
GREAT NECK

State
NY

Zip Code
11023

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DAVID SZUSTER PSYCHIATRY PC

Occupation (for Individual)
MEDICAL DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2018

Transaction ID : SA11AI.40219

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

C. TAYLOR, DONNIE, , ,

Mailing Address 197 E. GIBSIN AVE.

City
REEDLEY

State
CA

Zip Code
93654

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
D.C. TAYLOR & ASSOCIATES

Occupation (for Individual)
PROJECT INSPECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2018

Transaction ID : SA11AI.38455

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

310.00

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

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

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. TEMPLETON, JOSEPHINE, J., ,

Mailing Address 601 PEMBROKE ROAD

City

BRYN MAWR

State

PA

Zip Code

19010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2018

Transaction ID : SA11AI.39059

Amount of Each Receipt this Period

25000.00

☐ Memo Item

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

B. TRACEY, JAMES, , ,

Mailing Address 15504 STORM DR.

City

AUSTIN

State

TX

Zip Code

78734

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

GREAT STUFF INC.

Occupation (for Individual)

CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2018

Transaction ID : SA11AI.39129

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. TRACEY, JAMES, , ,

Mailing Address 15504 STORM DR.

City

AUSTIN

State

TX

Zip Code

78734

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

GREAT STUFF INC.

Occupation (for Individual)

CEO

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2018

Transaction ID : SA11AI.39462

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

27000.00

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

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

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. TURKMANI, CHANG OH, , ,

Mailing Address 2415 FOXHALL ROAD

City
WASHINGTON

State
DC

Zip Code
20007

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE MEGA COMPANY

Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

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

Transaction ID : SA11AI.40486

Amount of Each Receipt this Period

12500.00

☐ Memo Item

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

B. TURKMANI, SALAH, , ,

Mailing Address 2415 FOXHALL RD NW

City
WASHINGTON

State
DC

Zip Code
20007

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE MEGA COMPANY

Occupation (for Individual)
GENERAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

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

Transaction ID : SA11AI.41245

Amount of Each Receipt this Period

12500.00

☐ Memo Item

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

C. URBAN, SCOTT, , ,

Mailing Address 4422 AUGUSTA RIDGE CT

City
DENVER

State
NC

Zip Code
28037

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NASCENT TECHNOLOGY

Occupation (for Individual)
CTO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2018

Transaction ID : SA11AI.38722

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

25100.00

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

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. VAN NESS, JAMES, , , JR

Mailing Address 2497 NORTHVIEW ST

City
BOZEMANState
MTZip Code
59715FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2018

Transaction ID : SA11AI.39083

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. VLAHOS, PHILLIP, , ,

Mailing Address 4600 NAUTICAL COURT

City
DESTINState
FLZip Code
32541FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
DEVELOPER

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
 10 / 27 / 2018

Transaction ID : SA11AI.39365

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. VULTAGGIO, JOSEPH, , ,

Mailing Address 7 BRIGA LANE

City
WHITE PLAINSState
NYZip Code
10605FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FORD OF QUEENSOccupation (for Individual)
GENERAL MANAGER

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
 10 / 19 / 2018

Transaction ID : SA11AI.38763

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1500.00

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

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

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. WALSH, GEORGE, , ,

Mailing Address 18 RIVERS EDGE DRIVE
APT 210

City
TARRYTOWN

State
NY

Zip Code
10591

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THOMPSON HINE LLP

Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2018

Transaction ID : SA11AI.38960

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. WARRIX, LORA, , ,

Mailing Address 4500 FRANKLIN PIKE

City
NASHVILLE

State
TN

Zip Code
37204

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2018

Transaction ID : SA11AI.39566

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. WATTS, DEBORAH, , ,

Mailing Address 3403 VELASCO CT.

City
MISSOURI CITY

State
TX

Zip Code
77459

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TRUE VINES, INC.

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2018

Transaction ID : SA11AI.39615

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

1550.00

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

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

FOR LINE NUMBER: PAGE 70 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. WHITTEN, ROBERT, , ,

Mailing Address 325 E. WASHINGTON ST.
#127

City
SEQUIM

State
WA

Zip Code
98382

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2018

Transaction ID : SA11AI.40416

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. WILSON, JAMES, W, , III

Mailing Address 2660 EASTCHASE LN
STE 100

City
MONTGOMERY

State
AL

Zip Code
36117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JIM WILSON + ASSOCIATES

Occupation (for Individual)
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2018

Transaction ID : SA11AI.38713

Amount of Each Receipt this Period

25000.00

☐ Memo Item

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

C. WUTKE, MARY, , ,

Mailing Address 6666 ODANA RD
STE 215

City
MADISON

State
WI

Zip Code
53719

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
FINANCE CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2018

Transaction ID : SA11AI.39904

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

25350.00

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

4405252.00

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

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

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. RED EAGLE MEDIA GROUP

Mailing Address 815 SLATERS LANE

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

430144.54

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 16 / 2018

Transaction ID : SA15.39965

Amount of Each Receipt this Period

430144.54

☐ Memo Item

VENDOR REFUND - OVERPAYMENT

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

B. REDPRINT STRATEGY

Mailing Address 1050 JOHNNIE DODDS BLVD
UNIT 2414

City

MOUNT PLEASANT

State

SC

Zip Code

29465

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

13250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2018

Transaction ID : SA15.39964

Amount of Each Receipt this Period

13250.00

☐ Memo Item

VENDOR REFUND - OVERPAYMENT

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

443394.54

443394.54

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 72 OF 191

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

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

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City
MCLEAN

State
VA

Zip Code
22101

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 ▼

12644.95

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2018

Transaction ID : SA17.39907

Amount of Each Receipt this Period

4746.78

☐ Memo Item

INTEREST

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

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

4746.78

4746.78

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

PAGE 73 OF 191

<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. 1ST BANKCARDMailing Address **COMMERCIAL CARD PAYMENT PROCESSING**
P.O. BOX 2818City
OMAHAState
NEZip Code
68103-2818Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED

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
10		22		2018

FEC Identification Number

C**Transaction ID : SB21B.39914**

Amount of Each Disbursement this Period

7962.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 1ST BANKCARDMailing Address **COMMERCIAL CARD PAYMENT PROCESSING**
P.O. BOX 2818City
OMAHAState
NEZip Code
68103-2818Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED

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
10		22		2018

FEC Identification Number

C**Transaction ID : SB21B.39915**

Amount of Each Disbursement this Period

16384.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. 1ST BANKCARDMailing Address **COMMERCIAL CARD PAYMENT PROCESSING**
P.O. BOX 2818City
OMAHAState
NEZip Code
68103-2818Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED

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
10		23		2018

FEC Identification Number

C**Transaction ID : SB21B.39916**

Amount of Each Disbursement this Period

1576.75

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

25923.76

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

PAGE 74 OF 191

<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. 1ST BANKCARDMailing Address **COMMERCIAL CARD PAYMENT PROCESSING
P.O. BOX 2818**City
OMAHAState
NEZip Code
68103-2818Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED

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
10		23		2018

FEC Identification Number

C**Transaction ID : SB21B.39917**

Amount of Each Disbursement this Period

6877.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 1ST BANKCARDMailing Address **COMMERCIAL CARD PAYMENT PROCESSING
P.O. BOX 2818**City
OMAHAState
NEZip Code
68103-2818Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED

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
10		24		2018

FEC Identification Number

C**Transaction ID : SB21B.39918**

Amount of Each Disbursement this Period

2604.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. 1ST BANKCARDMailing Address **COMMERCIAL CARD PAYMENT PROCESSING
P.O. BOX 2818**City
OMAHAState
NEZip Code
68103-2818Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED

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
10		24		2018

FEC Identification Number

C**Transaction ID : SB21B.39919**

Amount of Each Disbursement this Period

7025.80

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

16508.12

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

PAGE 75 OF 191

<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. 1ST BANKCARD

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2018

Mailing Address COMMERCIAL CARD PAYMENT PROCESSING
P.O. BOX 2818City
OMAHAState
NEZip Code
68103-2818Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED

Candidate Name

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

State: District:

FEC Identification Number

C**Transaction ID : SB21B.39920**

Amount of Each Disbursement this Period

3591.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 1ST BANKCARD

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2018

Mailing Address COMMERCIAL CARD PAYMENT PROCESSING
P.O. BOX 2818City
OMAHAState
NEZip Code
68103-2818Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED

Candidate Name

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

State: District:

FEC Identification Number

C**Transaction ID : SB21B.39921**

Amount of Each Disbursement this Period

2104.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. 1ST BANKCARD

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2018

Mailing Address COMMERCIAL CARD PAYMENT PROCESSING
P.O. BOX 2818City
OMAHAState
NEZip Code
68103-2818Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED

Candidate Name

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

State: District:

FEC Identification Number

C**Transaction ID : SB21B.39922**

Amount of Each Disbursement this Period

17011.08

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

22706.93

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 PageFOR LINE NUMBER:
(check only one)

PAGE 76 OF 191

<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. 1ST BANKCARDMailing Address **COMMERCIAL CARD PAYMENT PROCESSING
P.O. BOX 2818**City
OMAHAState
NEZip Code
68103-2818Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED

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
11		02		2018

FEC Identification Number

C**Transaction ID : SB21B.40955**

Amount of Each Disbursement this Period

10916.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 1ST BANKCARDMailing Address **COMMERCIAL CARD PAYMENT PROCESSING
P.O. BOX 2818**City
OMAHAState
NEZip Code
68103-2818Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED

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
11		13		2018

FEC Identification Number

C**Transaction ID : SB21B.40956**

Amount of Each Disbursement this Period

4714.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. 1ST BANKCARDMailing Address **COMMERCIAL CARD PAYMENT PROCESSING
P.O. BOX 2818**City
OMAHAState
NEZip Code
68103-2818Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED

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
11		15		2018

FEC Identification Number

C**Transaction ID : SB21B.40957**

Amount of Each Disbursement this Period

618.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

16249.08

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

PAGE 77 OF 191

<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. 1ST BANKCARD

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		15		2018

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING
P.O. BOX 2818**City
OMAHAState
NEZip Code
68103-2818Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB21B.40958**

Amount of Each Disbursement this Period

10534.22

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. AARON C. WHITEHEAD

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2018

Mailing Address **2090 HAWTHORNE LOOP**City
DRIFTWOODState
TXZip Code
78619Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB21B.39923**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. ALASKA AIRLINES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2018

Mailing Address **19300 INTERNATIONAL BLVD**City
SEATTLEState
WAZip Code
98188Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39915]: TRAVEL: AIR

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB21B.41035**

Amount of Each Disbursement this Period

477.20

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

15534.22

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

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

PAGE 78 OF 191

<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. ALASKA AIRLINES

Mailing Address 19300 INTERNATIONAL BLVD

City
SEATTLEState
WAZip Code
98188

Purpose of Disbursement

1ST BANKCARD PMT [SB21B.39914]: TRAVEL: AIR

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				15				2018					

FEC Identification Number

C

Transaction ID : SB21B.41013

Amount of Each Disbursement this Period

494.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. ALASKA AIRLINES

Mailing Address 19300 INTERNATIONAL BLVD

City
SEATTLEState
WAZip Code
98188

Purpose of Disbursement

1ST BANKCARD PMT [SB21B.39914]: TRAVEL: AIR

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				15				2018					

FEC Identification Number

C

Transaction ID : SB21B.41014

Amount of Each Disbursement this Period

109.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AMAZON

Mailing Address 410 TERRY AVE

City
NORTH SEATTLEState
WAZip Code
98109

Purpose of Disbursement

1ST BANKCARD PMT [SB21B.39915]: OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				04				2018					

FEC Identification Number

C

Transaction ID : SB21B.41032

Amount of Each Disbursement this Period

36.03

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. AMAZON

Mailing Address 410 TERRY AVE

City
NORTH SEATTLEState
WAZip Code
98109Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39915]: OFFICE SUPPLIES

Candidate Name

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

State: District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				11				2018					

FEC Identification Number

C**Transaction ID : SB21B.41047**

Amount of Each Disbursement this Period

8.47

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. AMAZON

Mailing Address 410 TERRY AVE

City
NORTH SEATTLEState
WAZip Code
98109Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39915]: CONTRIBUTOR COLLATERAL

Candidate Name

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

State: District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				15				2018					

FEC Identification Number

C**Transaction ID : SB21B.41049**

Amount of Each Disbursement this Period

289.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AMAZON

Mailing Address 410 TERRY AVE

City
NORTH SEATTLEState
WAZip Code
98109Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39915]: EVENT EXPENSE: STAGING
SUPPLIES

Candidate Name

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

State: District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				15				2018					

FEC Identification Number

C**Transaction ID : SB21B.41051**

Amount of Each Disbursement this Period

177.72

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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

PAGE 80 OF 191

<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. AMAZON

Mailing Address 410 TERRY AVE

City
NORTH SEATTLEState
WAZip Code
98109Purpose of Disbursement
REIMBURSEMENT [SB21B.39928]: EVENT EXPENSE: STAGING
SUPPLIES

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	7			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.41146**

Amount of Each Disbursement this Period

42.51

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICA FIRST POLICIES, INC.Mailing Address 1400 CRYSTAL DRIVE
SUITE 850City
ARLINGTONState
VAZip Code
22202Purpose of Disbursement
IN-KIND: PAYROLL / OFFICE EXPENSES

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	6			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.41243**

Amount of Each Disbursement this Period

87736.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	7			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.41151**

Amount of Each Disbursement this Period

487.20

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

87736.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	7			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.41150**

Amount of Each Disbursement this Period

464.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.41149**

Amount of Each Disbursement this Period

465.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.41148**

Amount of Each Disbursement this Period

477.20

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2018

FEC Identification Number

C**Transaction ID : SB21B.41147**

Amount of Each Disbursement this Period

677.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39914]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2018

FEC Identification Number

C**Transaction ID : SB21B.41002**

Amount of Each Disbursement this Period

473.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39914]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		05		2018

FEC Identification Number

C**Transaction ID : SB21B.41006**

Amount of Each Disbursement this Period

204.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
REIMBURSEMENT [SB21B.40962]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		05		2018

FEC Identification Number

C **Transaction ID : SB21B.41210**

Amount of Each Disbursement this Period

 431.81☒ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
REIMBURSEMENT [SB21B.40962]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2018

FEC Identification Number

C **Transaction ID : SB21B.41209**

Amount of Each Disbursement this Period

 487.20☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39914]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		09		2018

FEC Identification Number

C **Transaction ID : SB21B.41008**

Amount of Each Disbursement this Period

 477.20☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 0.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39914]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				09				2018					

FEC Identification Number

C**Transaction ID : SB21B.41009**

Amount of Each Disbursement this Period

40.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39915]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				09				2018					

FEC Identification Number

C**Transaction ID : SB21B.41034**

Amount of Each Disbursement this Period

477.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39915]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				09				2018					

FEC Identification Number

C**Transaction ID : SB21B.41035**

Amount of Each Disbursement this Period

43.86

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39914]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2018

FEC Identification Number

C**Transaction ID : SB21B.41015**

Amount of Each Disbursement this Period

487.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39914]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2018

FEC Identification Number

C**Transaction ID : SB21B.41016**

Amount of Each Disbursement this Period

248.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39914]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2018

FEC Identification Number

C**Transaction ID : SB21B.41017**

Amount of Each Disbursement this Period

38.35

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39914]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				15				2018					

FEC Identification Number

C**Transaction ID : SB21B.41018**

Amount of Each Disbursement this Period

46.64

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39916]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				19				2018					

FEC Identification Number

C**Transaction ID : SB21B.41072**

Amount of Each Disbursement this Period

487.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39916]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				19				2018					

FEC Identification Number

C**Transaction ID : SB21B.41073**

Amount of Each Disbursement this Period

487.20

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39916]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	9			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.41074**

Amount of Each Disbursement this Period

38.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39915]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	9			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.41037**

Amount of Each Disbursement this Period

8.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AMTRAK

Mailing Address 60 MASSACHUSETTS AVE NE

City
WASHINGTONState
DCZip Code
20002Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: RAIL

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.41152**

Amount of Each Disbursement this Period

168.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. AMTRAK

Mailing Address 60 MASSACHUSETTS AVE NE

City
WASHINGTONState
DCZip Code
20002Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39916]: TRAVEL: RAIL

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	9			2	0	1	8		

FEC Identification Number

C Transaction ID : SB21B.41070

Amount of Each Disbursement this Period

188.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. AMTRAK

Mailing Address 60 MASSACHUSETTS AVE NE

City
WASHINGTONState
DCZip Code
20002Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39916]: TRAVEL: RAIL

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	9			2	0	1	8		

FEC Identification Number

C Transaction ID : SB21B.41071

Amount of Each Disbursement this Period

376.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AMTRAK

Mailing Address 60 MASSACHUSETTS AVE NE

City
WASHINGTONState
DCZip Code
20002Purpose of Disbursement
1ST BANKCARD PMT [SB21B.40957]: TRAVEL: RAIL

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C Transaction ID : SB21B.41124

Amount of Each Disbursement this Period

618.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0	0	0	0	0	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. BRINDLEY BROTHERS LLC

Mailing Address 4411 E US HIGHWAY 24

City
ASTORIAState
ILZip Code
61501Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39915]: EVENT EXPENSE: CATERING
SERVICES

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2018

FEC Identification Number

C**Transaction ID : SB21B.41057**

Amount of Each Disbursement this Period

1280.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. BRINDLEY BROTHERS LLC

Mailing Address 4411 E US HIGHWAY 24

City
ASTORIAState
ILZip Code
61501Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39915]: EVENT EXPENSE: CATERING
SERVICES

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2018

FEC Identification Number

C**Transaction ID : SB21B.41058**

Amount of Each Disbursement this Period

6440.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. BRINDLEY BROTHERS LLC

Mailing Address 4411 E US HIGHWAY 24

City
ASTORIAState
ILZip Code
61501Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39915]: EVENT EXPENSE: CATERING
SERVICES

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		18		2018

FEC Identification Number

C**Transaction ID : SB21B.41067**

Amount of Each Disbursement this Period

2360.38

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. BULLDOG COMPLIANCEMailing Address 138 CONANT ST
2ND FLOORCity
BEVERLYState
MAZip Code
01915Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.40963

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAPITAL RESEARCH GROUP, LLCMailing Address 1101 K STREET, NW
SUITE 800City
WASHINGTONState
DCZip Code
20005Purpose of Disbursement
RESEARCH CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.40964

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CAPITOL CREW STAFFING

Mailing Address 12 JACKSON AVE

City
ROUND HILLState
VAZip Code
20141Purpose of Disbursement
EVENT EXPENSE: STAFFING SERVICES

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.39927

Amount of Each Disbursement this Period

910.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11410.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. CMT GROUP

Mailing Address 43-32 21ST STREET

City
LONG ISLAND CITYState
NYZip Code
11101Purpose of Disbursement
REIMBURSEMENT [SB21B.40962]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2018

FEC Identification Number

C

Transaction ID : SB21B.41211

Amount of Each Disbursement this Period

83.55

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. COLONIAL PARKINGMailing Address 1050 THOMAS JEFFERSON ST NW
SUITE 100City
WASHINGTONState
DCZip Code
20007Purpose of Disbursement
REIMBURSEMENT [SB21B.40962]: MEETING EXPENSE: PARKING
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2018

FEC Identification Number

C

Transaction ID : SB21B.41212

Amount of Each Disbursement this Period

22.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. COLONIAL PARKINGMailing Address 1050 THOMAS JEFFERSON ST NW
SUITE 100City
WASHINGTONState
DCZip Code
20007Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39914]: MEETING EXPENSE: PARKING
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2018

FEC Identification Number

C

Transaction ID : SB21B.41028

Amount of Each Disbursement this Period

25.00

☒ Memo Item

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

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

0.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. COLONIAL PARKINGMailing Address 1050 THOMAS JEFFERSON ST NW
SUITE 100City
WASHINGTONState
DCZip Code
20007Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39915]: MEETING EXPENSE: PARKING

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2018

FEC Identification Number

C **Transaction ID : SB21B.41059**

Amount of Each Disbursement this Period

 35.00☒ Memo Item

Full Name (Last, First, Middle Initial)

B. COSTCO WHOLESALE

Mailing Address 1200 S FERN ST

City
ARLINGTONState
VAZip Code
22202Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39915]: EVENT EXPENSE: SUPPLIES

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2018

FEC Identification Number

C **Transaction ID : SB21B.41054**

Amount of Each Disbursement this Period

 118.15☒ Memo Item

Full Name (Last, First, Middle Initial)

C. CRESCENT HOTEL

Mailing Address 400 CRESCENT COURT

City
DALLASState
TXZip Code
75201Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39919]: TRAVEL: LODGING

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2018

FEC Identification Number

C **Transaction ID : SB21B.41082**

Amount of Each Disbursement this Period

 957.82☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ► 0.00**TOTAL** This Period (last page this line number only)..... ►

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. DELTA AIR LINESMailing Address 1030 DELTA BLVD
SUITE 200City
ATLANTAState
GAZip Code
30354Purpose of Disbursement
REIMBURSEMENT [SB21B.39928]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	5			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.41153**

Amount of Each Disbursement this Period

1113.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. DELTA AIRLINESMailing Address 1030 DELTA BLVD
SUITE 200City
ATLANTAState
GAZip Code
30354Purpose of Disbursement
1ST BANKCARD PMT [SB21B.40956]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.41123**

Amount of Each Disbursement this Period

497.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. DESERT CAB

Mailing Address 4675 WYNN RD

City
LAS VEGASState
NVZip Code
89103Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND
TRANSPORTATION

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.41154**

Amount of Each Disbursement this Period

40.56

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0	0	0	0	0	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. DESERT CAB

Mailing Address 4675 WYNN RD

City
LAS VEGASState
NVZip Code
89103Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.41155

Amount of Each Disbursement this Period

41.58

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. DISTRICT WHARF GARAGEMailing Address 735 WATER STREET
SWCity
WASHINGTONState
DCZip Code
20024Purpose of Disbursement
REIMBURSEMENT [SB21B.39928]: MEETING EXPENSE : PARKING

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	6			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.41158

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. DOORDASHMailing Address 116 NEW MONTGOMERY ST
4TH FLOORCity
SAN FRANCISCOState
CAZip Code
94105Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39919]: MEETING EXPENSE: MEALS

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.41080

Amount of Each Disbursement this Period

67.98

☒ Memo Item

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

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

0	0	0	0	0	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. DOUG COULTER PHOTOGRAPHY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2018

Mailing Address 1415 HORSESHOE CREEK LANE

City
CUMMINGState
GAZip Code
30041Purpose of Disbursement
PHOTOGRAPHY SERVICES

Candidate Name

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

State: District:

FEC Identification Number

C**Transaction ID : SB21B.39931**

Amount of Each Disbursement this Period

2560.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DULLES AIRPORT TAXI

Date of Disbursement

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

Mailing Address 23035 DOUGLAS CT
#218City
STERLINGState
VAZip Code
20166Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND
TRANSPORTATION

Candidate Name

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

State: District:

FEC Identification Number

C**Transaction ID : SB21B.41160**

Amount of Each Disbursement this Period

120.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. EDGE FLORAL EVENT DESIGNERS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2018

Mailing Address 8517 MUSCATELLO CT

City
GAITHERSBURGState
MDZip Code
20877Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39915]: EVENT STAGING EXPENSE

Candidate Name

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

State: District:

FEC Identification Number

C**Transaction ID : SB21B.41043**

Amount of Each Disbursement this Period

1150.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2560.75

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. EVENT STRATEGIES, INC

Mailing Address 4416 WHEELER AVE

City
ALEXANDRIAState
VAZip Code
22304Purpose of Disbursement
EVENT EXPENSE: EVENT STAGING SERVICES

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.39932**

Amount of Each Disbursement this Period

39800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FEDERAL EXPRESS

Mailing Address 461 WINCHESTER RD

City
MEMPHISState
TNZip Code
38109Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39915]:DELIVERY SERVICES

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	4			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.41031**

Amount of Each Disbursement this Period

23.06

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. FEDERAL EXPRESS

Mailing Address 461 WINCHESTER RD

City
MEMPHISState
TNZip Code
38109Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39915]:DELIVERY SERVICES

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	9			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.41033**

Amount of Each Disbursement this Period

20.70

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

39800.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. FEDERAL EXPRESS

Mailing Address 461 WINCHESTER RD

City
MEMPHISState
TNZip Code
38109Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39915]:DELIVERY SERVICES

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				11				2018					

FEC Identification Number

C **Transaction ID : SB21B.41044**

Amount of Each Disbursement this Period

 23.89☒ Memo Item

Full Name (Last, First, Middle Initial)

B. FEDERAL EXPRESS

Mailing Address 461 WINCHESTER RD

City
MEMPHISState
TNZip Code
38109Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39915]:DELIVERY SERVICES

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				15				2018					

FEC Identification Number

C **Transaction ID : SB21B.41052**

Amount of Each Disbursement this Period

 99.78☒ Memo Item

Full Name (Last, First, Middle Initial)

C. FEDERAL EXPRESS

Mailing Address 461 WINCHESTER RD

City
MEMPHISState
TNZip Code
38109Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39915]:DELIVERY SERVICES

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				17				2018					

FEC Identification Number

C **Transaction ID : SB21B.41054**

Amount of Each Disbursement this Period

 47.80☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 0.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. FEDERAL EXPRESS

Mailing Address 461 WINCHESTER RD

City
MEMPHISState
TNZip Code
38109Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39920]:DELIVERY SERVICES

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2018

FEC Identification Number

C **Transaction ID : SB21B.41095**

Amount of Each Disbursement this Period

 470.44☒ Memo Item

Full Name (Last, First, Middle Initial)

B. FEDERAL EXPRESS

Mailing Address 461 WINCHESTER RD

City
MEMPHISState
TNZip Code
38109Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39922]:DELIVERY SERVICES

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		25		2018

FEC Identification Number

C **Transaction ID : SB21B.41106**

Amount of Each Disbursement this Period

 23.22☒ Memo Item

Full Name (Last, First, Middle Initial)

C. FEDERAL EXPRESS

Mailing Address 461 WINCHESTER RD

City
MEMPHISState
TNZip Code
38109Purpose of Disbursement
1ST BANKCARD PMT [SB21B.40955]:DELIVERY SERVICES

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2018

FEC Identification Number

C **Transaction ID : SB21B.41113**

Amount of Each Disbursement this Period

 93.37☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ► 0.00**TOTAL** This Period (last page this line number only)..... ►

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. FEDERAL EXPRESS

Mailing Address 461 WINCHESTER RD

City
MEMPHISState
TNZip Code
38109Purpose of Disbursement
1ST BANKCARD PMT [SB21B.40955]:DELIVERY SERVICES

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C **Transaction ID : SB21B.41114**

Amount of Each Disbursement this Period

 25.41☒ Memo Item

Full Name (Last, First, Middle Initial)

B. FEDERAL EXPRESS

Mailing Address 461 WINCHESTER RD

City
MEMPHISState
TNZip Code
38109Purpose of Disbursement
1ST BANKCARD PMT [SB21B.40956]:DELIVERY SERVICES

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C **Transaction ID : SB21B.41115**

Amount of Each Disbursement this Period

 93.64☒ Memo Item

Full Name (Last, First, Middle Initial)

C. FEDERAL EXPRESS

Mailing Address 461 WINCHESTER RD

City
MEMPHISState
TNZip Code
38109Purpose of Disbursement
1ST BANKCARD PMT [SB21B.40956]:DELIVERY SERVICES

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C **Transaction ID : SB21B.41117**

Amount of Each Disbursement this Period

 100.61☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ► 0.00**TOTAL** This Period (last page this line number only)..... ►

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. FEDERAL EXPRESS

Mailing Address 461 WINCHESTER RD

City
MEMPHISState
TNZip Code
38109Purpose of Disbursement
1ST BANKCARD PMT [SB21B.40956]:DELIVERY SERVICES

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	5			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.41119**

Amount of Each Disbursement this Period

46.22

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. FEDERAL EXPRESS

Mailing Address 461 WINCHESTER RD

City
MEMPHISState
TNZip Code
38109Purpose of Disbursement
1ST BANKCARD PMT [SB21B.40956]:DELIVERY SERVICES

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	6			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.41120**

Amount of Each Disbursement this Period

133.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. FEDERAL EXPRESS

Mailing Address 461 WINCHESTER RD

City
MEMPHISState
TNZip Code
38109Purpose of Disbursement
1ST BANKCARD PMT [SB21B.40956]:DELIVERY SERVICES

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	7			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.41121**

Amount of Each Disbursement this Period

41.84

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. FEDERAL EXPRESS

Mailing Address 461 WINCHESTER RD

City
MEMPHISState
TNZip Code
38109Purpose of Disbursement
1ST BANKCARD PMT [SB21B.40958]:DELIVERY SERVICES

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	9			2	0	1	8		

FEC Identification Number

C **Transaction ID : SB21B.41125**

Amount of Each Disbursement this Period

 209.72☒ Memo Item

Full Name (Last, First, Middle Initial)

B. FEDERAL EXPRESS

Mailing Address 461 WINCHESTER RD

City
MEMPHISState
TNZip Code
38109Purpose of Disbursement
1ST BANKCARD PMT [SB21B.40958]:DELIVERY SERVICES

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C **Transaction ID : SB21B.41128**

Amount of Each Disbursement this Period

 33.85☒ Memo Item

Full Name (Last, First, Middle Initial)

C. FORMSTACK LLCMailing Address 8604 ALLISONVILLE RD
STE. 300City
INDIANAPOLISState
INZip Code
46250Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39915]: OFFICE SUPPLIES

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C **Transaction ID : SB21B.41046**

Amount of Each Disbursement this Period

 19.00☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶ 0.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. FORMSTACK LLCMailing Address 8604 ALLISONVILLE RD
STE. 300City
INDIANAPOLISState
INZip Code
46250Purpose of Disbursement
1ST BANKCARD PMT [SB21B.40958]:SOFTWARE SUBSCRIPTION

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2018			

FEC Identification Number

C**Transaction ID : SB21B.41129**

Amount of Each Disbursement this Period

19.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. FOUR CORNERS FUNDRAISING LLCMailing Address ONE OLD COUNTRY RD.
STE. 240City
CARLE PLACEState
NYZip Code
11514Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2018			

FEC Identification Number

C**Transaction ID : SB21B.39933**

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FOUR CORNERS FUNDRAISING LLCMailing Address ONE OLD COUNTRY RD.
STE. 240City
CARLE PLACEState
NYZip Code
11514Purpose of Disbursement
FUNDRAISING COMMISSION

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2018			

FEC Identification Number

C**Transaction ID : SB21B.39934**

Amount of Each Disbursement this Period

35000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

42500.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. FOUR CORNERS FUNDRAISING LLC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	9			2	0	1	8		

Mailing Address ONE OLD COUNTRY RD.
STE. 240City
CARLE PLACEState
NYZip Code
11514Purpose of Disbursement
FUNDRAISING COMMISSION

Candidate Name

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

State: District:

FEC Identification Number

C**Transaction ID : SB21B.39935**

Amount of Each Disbursement this Period

197808.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FOUR SEASONS HOTEL

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	0			2	0	1	8		

Mailing Address 200 BOYLSTON ST

City
BOSTONState
MAZip Code
02116Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: LODGING

Candidate Name

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

State: District:

FEC Identification Number

C**Transaction ID : SB21B.41162**

Amount of Each Disbursement this Period

1265.76

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. FOUR SEASONS HOTEL

Date of Disbursement

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

Mailing Address 200 BOYLSTON ST

City
BOSTONState
MAZip Code
02116Purpose of Disbursement
REIMBURSEMENT [SB21B.39928]: FUNDRAISING MEETING EXPENSE

Candidate Name

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

State: District:

FEC Identification Number

C**Transaction ID : SB21B.41163**

Amount of Each Disbursement this Period

827.39

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

197808.24

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. FOUR SEASONS HOTEL DENVER

Mailing Address 1111 14TH STREET

City
DENVERState
COZip Code
80202Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39917]: EVENT EXPENSE: FACILITIES
RENTAL AND CATERING
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2018

FEC Identification Number

C**Transaction ID : SB21B.41076**

Amount of Each Disbursement this Period

7250.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. FOUR SEASONS HOTEL DENVER

Mailing Address 1111 14TH STREET

City
DENVERState
COZip Code
80202Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39922]: EVENT EXPENSE: FACILITIES
RENTAL AND CATERING
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2018

FEC Identification Number

C**Transaction ID : SB21B.41107**

Amount of Each Disbursement this Period

11302.01

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. FOUR SEASONS HOTEL DENVER

Mailing Address 1111 14TH STREET

City
DENVERState
COZip Code
80202Purpose of Disbursement
REIMBURSEMENT [SB21B.39962]: TRAVEL: LODGING
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2018

FEC Identification Number

C**Transaction ID : SB21B.41164**

Amount of Each Disbursement this Period

811.68

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. FOUR SEASONS HOTEL DENVER

Mailing Address 1111 14TH STREET

City
DENVERState
COZip Code
80202Purpose of Disbursement
REIMBURSEMENT [SB21B.40962]: TRAVEL: LODGING

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2018			

FEC Identification Number

C**Transaction ID : SB21B.41213**

Amount of Each Disbursement this Period

811.68

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. FUNDRAISING SOLUTIONSMailing Address 1505 ELM STREET
SUITE #405City
DALLASState
TXZip Code
75201Purpose of Disbursement
FUNDRAISING COMMISSION

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2018			

FEC Identification Number

C**Transaction ID : SB21B.40968**

Amount of Each Disbursement this Period

35026.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GOGOINFLIGHT

Mailing Address 111 N CANAL ST.

City
CHICAGOState
ILZip Code
60606Purpose of Disbursement
REIMBURSEMENT [SB21B.39928]: TRAVEL: AIRLINE FEES

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2018			

FEC Identification Number

C**Transaction ID : SB21B.41165**

Amount of Each Disbursement this Period

25.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

35026.65

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. GOGONFLIGHT

Mailing Address 111 N CANAL ST.

City
CHICAGOState
ILZip Code
60606Purpose of Disbursement
REIMBURSEMENT [SB21B.39928]: TRAVEL: AIRLINE FEES

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2018

FEC Identification Number

C**Transaction ID : SB21B.41166**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. HICKS, THOMAS, , , JR.Mailing Address 2200 ROSS AVE, SUITE 5000
SUITE 5000City
DALLASState
TXZip Code
75201Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES IF REQUIRED

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2018

FEC Identification Number

C**Transaction ID : SB21B.39962**

Amount of Each Disbursement this Period

971.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HILTON GARDEN INN

Mailing Address 7930 JONES BRANCH DRIVE

City
MCLEANState
VAZip Code
22102Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: LODGING

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2018

FEC Identification Number

C**Transaction ID : SB21B.41166**

Amount of Each Disbursement this Period

171.36

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

971.78

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. HILTON HOTEL

Mailing Address 7930 JONES BRANCH DR

City
MCLEANState
VAZip Code
22102Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39922]: TRAVEL: LODGING

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				25				2018					

FEC Identification Number

C **Transaction ID : SB21B.41105**

Amount of Each Disbursement this Period

 365.87☒ Memo Item

Full Name (Last, First, Middle Initial)

B. HOT AND HOT FISH CLUB

Mailing Address 2180 11TH CT S

City
BIRMINGHAMState
ALZip Code
35205Purpose of Disbursement
1ST BANKCARD PMT [SB21B.40955]: TRAVEL: MEALS

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				29				2018					

FEC Identification Number

C **Transaction ID : SB21B.41110**

Amount of Each Disbursement this Period

 371.41☒ Memo Item

Full Name (Last, First, Middle Initial)

C. HOUSE OF FLOWERS

Mailing Address 710 14TH ST NW

City
WASHINGTONState
DCZip Code
20005Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: EVENT STAGING EXPENSE

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
08				28				2018					

FEC Identification Number

C **Transaction ID : SB21B.41165**

Amount of Each Disbursement this Period

 81.80☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ► 0.00**TOTAL** This Period (last page this line number only)..... ►

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. HOUSTON AIRPORT MARRIOTT

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				24				2018					

Mailing Address 18700 JOHN F. KENNEDY BOULEVARD

City
HOUSTONState
TXZip Code
77032Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39921]: TRAVEL: LODGING

Candidate Name

Category/
TypeOffice 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:

FEC Identification Number

C **Transaction ID : SB21B.41099**

Amount of Each Disbursement this Period

 291.33☒ Memo Item

Full Name (Last, First, Middle Initial)

B. HOUSTON AIRPORT MARRIOTT

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				24				2018					

Mailing Address 18700 JOHN F. KENNEDY BOULEVARD

City
HOUSTONState
TXZip Code
77032Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39921]: TRAVEL: LODGING

Candidate Name

Category/
TypeOffice 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:

FEC Identification Number

C **Transaction ID : SB21B.41100**

Amount of Each Disbursement this Period

 291.33☒ Memo Item

Full Name (Last, First, Middle Initial)

C. HOUSTON AIRPORT MARRIOTT

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				24				2018					

Mailing Address 18700 JOHN F. KENNEDY BOULEVARD

City
HOUSTONState
TXZip Code
77032Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39921]: TRAVEL: LODGING

Candidate Name

Category/
TypeOffice 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:

FEC Identification Number

C **Transaction ID : SB21B.41101**

Amount of Each Disbursement this Period

 291.33☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 0.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. HYATT HOTELS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		05		2018

Mailing Address 150 NORTH RIVERSIDE PLAZA, 8TH FLO

City
CHICAGOState
ILZip Code
60606Purpose of Disbursement
1ST BANKCARD PMT [SB21B.40956]:TRAVEL: LODGING

Candidate Name

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

State: District:

FEC Identification Number

C**Transaction ID : SB21B.41118**

Amount of Each Disbursement this Period

245.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. JONES DAY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		08		2018

Mailing Address PO BOX 7805
BEN FRANKLIN STATIONCity
WASHINGTONState
DCZip Code
20044Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

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

State: District:

FEC Identification Number

C**Transaction ID : SB21B.40970**

Amount of Each Disbursement this Period

49925.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LAUREL VALLEY, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		25		2018

Mailing Address 2203 12TH CT N
#38City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
EVENT EXPENSE: FACILITY RENTAL

Candidate Name

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

State: District:

FEC Identification Number

C**Transaction ID : SB21B.39937**

Amount of Each Disbursement this Period

7500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

57425.00

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

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. LAZ PARKING

Mailing Address 1700 PENNSYLVANIA AVE NW

City
WASHINGTONState
DCZip Code
20006Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39914]: MEETING EXPENSE: PARKING

Candidate Name

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

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.41012**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. LAZ PARKING

Mailing Address 1700 PENNSYLVANIA AVE NW

City
WASHINGTONState
DCZip Code
20006Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39915]: MEETING EXPENSE: PARKING

Candidate Name

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

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.41063**

Amount of Each Disbursement this Period

26.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 568 BRANNAN ST

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
REIMBURSEMENT [SB21B.39928]: TRAVEL: GROUND
TRANSPORTATION

Candidate Name

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

State: District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	7			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.41171**

Amount of Each Disbursement this Period

12.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. LYFT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2018

Mailing Address 568 BRANNAN ST

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
REIMBURSEMENT [SB21B.39928]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
Type

FEC Identification Number

C**Transaction ID : SB21B.41172**

Amount of Each Disbursement this Period

36.00

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. LYFT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		18		2018

Mailing Address 568 BRANNAN ST

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
REIMBURSEMENT [SB21B.39928]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
Type

FEC Identification Number

C**Transaction ID : SB21B.41173**

Amount of Each Disbursement this Period

34.00

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. LYFT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		18		2018

Mailing Address 568 BRANNAN ST

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
REIMBURSEMENT [SB21B.39962]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
Type

FEC Identification Number

C**Transaction ID : SB21B.41174**

Amount of Each Disbursement this Period

13.77

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

0.00

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

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. LYFT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		18		2018

Mailing Address 568 BRANNAN ST

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
REIMBURSEMENT [SB21B.39962]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
Type

FEC Identification Number

C**Transaction ID : SB21B.41175**

Amount of Each Disbursement this Period

39.25

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. LYFT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2018

Mailing Address 568 BRANNAN ST

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
REIMBURSEMENT [SB21B.39962]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
Type

FEC Identification Number

C**Transaction ID : SB21B.41176**

Amount of Each Disbursement this Period

46.56

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. LYFT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2018

Mailing Address 568 BRANNAN ST

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
REIMBURSEMENT [SB21B.39962]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
Type

FEC Identification Number

C**Transaction ID : SB21B.41177**

Amount of Each Disbursement this Period

12.87

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

0.00

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

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

PAGE 114 OF 191

<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 568 BRANNAN ST

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
REIMBURSEMENT [SB21B.39962]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2018			

FEC Identification Number

C**Transaction ID : SB21B.41178**

Amount of Each Disbursement this Period

29.66

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. MARRIOTT MARQUIS HOUSTON

Mailing Address 1777 WALKER ST

City
HOUSTONState
TXZip Code
77010Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39921]: EVENT EXPENSE: FACILITY
RENTAL AND CATERING SERVICES
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2018			

FEC Identification Number

C**Transaction ID : SB21B.41104**

Amount of Each Disbursement this Period

1230.53

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. MASON, CARA, , ,Mailing Address 611 PENNSYLVANIA AVE SE
#385City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES IF REQUIRED
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2018			

FEC Identification Number

C**Transaction ID : SB21B.39928**

Amount of Each Disbursement this Period

2150.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2150.50

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. MASON STRATEGIES LLCMailing Address 611 PENNSYLVANIA AVE
SE # 385City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				29				2018					

FEC Identification Number

C**Transaction ID : SB21B.39938**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MO STRATEGIES INC

Mailing Address P.O. BOX 4

City
WESTFIELDState
INZip Code
46074Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				29				2018					

FEC Identification Number

C**Transaction ID : SB21B.39939**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NATIONS PHOTO LAB

Mailing Address 11103 PEPPER RD

City
COCKEYSVILLEState
MDZip Code
21030Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39917]: EVENT EXPENSE: PHOTO
PRINTING

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				19				2018					

FEC Identification Number

C**Transaction ID : SB21B.41078**

Amount of Each Disbursement this Period

38.40

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20000.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. PAPPAS BROS. STEAKHOUSE

Mailing Address 1200 MCKINNEY ST

City
HOUSTONState
TXZip Code
77010Purpose of Disbursement
REIMBURSEMENT [SB21B.40962]: MEETING EXPENSE: MEALS

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2018

FEC Identification Number

C **Transaction ID : SB21B.41215**

Amount of Each Disbursement this Period

 32.15☒ Memo Item

Full Name (Last, First, Middle Initial)

B. PAPPAS BROS. STEAKHOUSE

Mailing Address 1200 MCKINNEY ST

City
HOUSTONState
TXZip Code
77010Purpose of Disbursement
REIMBURSEMENT [SB21B.40962]: MEETING EXPENSE: MEALS

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2018

FEC Identification Number

C **Transaction ID : SB21B.41216**

Amount of Each Disbursement this Period

 132.42☒ Memo Item

Full Name (Last, First, Middle Initial)

C. PIERCE, ANN, , ,Mailing Address 1400 CRYSTAL DRIVE
SUITE 850City
ARLINGTONState
VAZip Code
22020Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES IF REQUIRED

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2018

FEC Identification Number

C **Transaction ID : SB21B.39924**

Amount of Each Disbursement this Period

 126.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 126.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. PIERCE, ANN, , ,

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2018			

Mailing Address 1400 CRYSTAL DRIVE
SUITE 850City
ARLINGTONState
VAZip Code
22020Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES IF REQUIRED

Candidate Name

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

State: District:

FEC Identification Number

C**Transaction ID : SB21B.40961**

Amount of Each Disbursement this Period

69.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PRH CONSULTING GROUP LLC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2018			

Mailing Address 4597 NEISWANDER SQUARE

City
NEW ALBANYState
OHZip Code
43054Purpose of Disbursement
FUNDRAISING COMMISSION

Candidate Name

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

State: District:

FEC Identification Number

C**Transaction ID : SB21B.40974**

Amount of Each Disbursement this Period

7000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RANGER ZUKE LLC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2018			

Mailing Address 11400 W. CALUMET RD.

City
MILWAUKEEState
WIZip Code
53224Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

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

State: District:

FEC Identification Number

C**Transaction ID : SB21B.3994c**

Amount of Each Disbursement this Period

7500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

14569.74

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. RED MAVERICK MEDIA LLCMailing Address 403 N. SECOND STREET
FL2City
HARRISBURGState
PAZip Code
17101Purpose of Disbursement
CONTRIBUTOR COLLATERAL

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2018			

FEC Identification Number

C**Transaction ID : SB21B.39941**

Amount of Each Disbursement this Period

7337.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RED STATE DATA AND DIGITALMailing Address 611 PENNSYLVANIA AVE SE
#454City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2018			

FEC Identification Number

C**Transaction ID : SB21B.40975**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RIGWIL LLCMailing Address 2308 MT. VERNON AVE
SUITE 415City
ALEXANDRIAState
VAZip Code
22301Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2018			

FEC Identification Number

C**Transaction ID : SB21B.39943**

Amount of Each Disbursement this Period

7500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

24837.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. RONALD REAGAN WASHINGTON AIRPORT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2018

Mailing Address 2401 SMITH BOULEVARD

City
ARLINGTONState
VAZip Code
22202Purpose of Disbursement
REIMBURSEMENT [SB21B.40962]: TRAVEL: PARKING

Candidate Name

Category/
TypeOffice 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:

FEC Identification Number

C Transaction ID : SB21B.41218

Amount of Each Disbursement this Period

75.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. SOUTHWEST AIRLINES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		09		2018

Mailing Address 2702 LOVE FIELD DRIVE

City
DALLASState
TXZip Code
75235Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39914]: TRAVEL: AIR

Candidate Name

Category/
TypeOffice 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:

FEC Identification Number

C Transaction ID : SB21B.41010

Amount of Each Disbursement this Period

624.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. SQUARE INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		10		2018

Mailing Address 1455 MARKET ST
SUITE 600City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND
TRANSPORTATION

Candidate Name

Category/
TypeOffice 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:

FEC Identification Number

C Transaction ID : SB21B.41175

Amount of Each Disbursement this Period

19.08

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. SQUARE INCMailing Address 1455 MARKET ST
SUITE 600City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39915]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				09				2018					

FEC Identification Number

C**Transaction ID : SB21B.41036**

Amount of Each Disbursement this Period

39.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. SQUARE INCMailing Address 1455 MARKET ST
SUITE 600City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39915]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				09				2018					

FEC Identification Number

C**Transaction ID : SB21B.41038**

Amount of Each Disbursement this Period

26.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. SQUARE INCMailing Address 1455 MARKET ST
SUITE 600City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39914]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				17				2018					

FEC Identification Number

C**Transaction ID : SB21B.41026**

Amount of Each Disbursement this Period

10.01

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. SQUARE INCMailing Address 1455 MARKET ST
SUITE 600City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39914]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				17				2018					

FEC Identification Number

C**Transaction ID : SB21B.41027**

Amount of Each Disbursement this Period

16.34

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. SQUARE INCMailing Address 1455 MARKET ST
SUITE 600City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39920]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				24				2018					

FEC Identification Number

C**Transaction ID : SB21B.41097**

Amount of Each Disbursement this Period

27.24

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. ST. JAMES STRATEGIESMailing Address 45 NORTH HILL DRIVE
SUITE 100City
WARRENTONState
VAZip Code
20186Purpose of Disbursement
STRATEGY CONSULTING
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				05				2018					

FEC Identification Number

C**Transaction ID : SB21B.40977**

Amount of Each Disbursement this Period

7500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

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

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

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

NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STEVE MUNDINGER PHOTOGRAPHY

Mailing Address 475 BRUSH CREEK RD.

City
ASPENState
COZip Code
81611Purpose of Disbursement
PHOTOGRAPHY SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				22				2018					

FEC Identification Number

C**Transaction ID : SB21B.39947**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCOState
CAZip Code
94110Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				18				2018					

FEC Identification Number

C**Transaction ID : SB21B.39948**

Amount of Each Disbursement this Period

349.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCOState
CAZip Code
94110Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				19				2018					

FEC Identification Number

C**Transaction ID : SB21B.39948**

Amount of Each Disbursement this Period

183.31

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2032.67

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCOState
CAZip Code
94110Purpose of Disbursement
MERCHANT FEE

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2018

FEC Identification Number

C**Transaction ID : SB21B.39950**

Amount of Each Disbursement this Period

329.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCOState
CAZip Code
94110Purpose of Disbursement
MERCHANT FEE

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2018

FEC Identification Number

C**Transaction ID : SB21B.39951**

Amount of Each Disbursement this Period

688.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCOState
CAZip Code
94110Purpose of Disbursement
MERCHANT FEE

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2018

FEC Identification Number

C**Transaction ID : SB21B.39952**

Amount of Each Disbursement this Period

352.91

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1371.39

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCOState
CAZip Code
94110Purpose of Disbursement
MERCHANT FEE

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2018			

FEC Identification Number

C**Transaction ID : SB21B.39953**

Amount of Each Disbursement this Period

21.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCOState
CAZip Code
94110Purpose of Disbursement
MERCHANT FEE

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2018			

FEC Identification Number

C**Transaction ID : SB21B.39954**

Amount of Each Disbursement this Period

21.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCOState
CAZip Code
94110Purpose of Disbursement
MERCHANT FEE

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2018			

FEC Identification Number

C**Transaction ID : SB21B.39955**

Amount of Each Disbursement this Period

197.22

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

240.27

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCOState
CAZip Code
94110Purpose of Disbursement
MERCHANT FEE

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.39956**

Amount of Each Disbursement this Period

176.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCOState
CAZip Code
94110Purpose of Disbursement
MERCHANT FEE

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.39957**

Amount of Each Disbursement this Period

375.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCOState
CAZip Code
94110Purpose of Disbursement
MERCHANT FEE

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.40978**

Amount of Each Disbursement this Period

332.92

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

885.09

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCOState
CAZip Code
94110Purpose of Disbursement
MERCHANT FEE

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2018			

FEC Identification Number

C**Transaction ID : SB21B.40979**

Amount of Each Disbursement this Period

492.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCOState
CAZip Code
94110Purpose of Disbursement
MERCHANT FEE

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2018			

FEC Identification Number

C**Transaction ID : SB21B.40980**

Amount of Each Disbursement this Period

66.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCOState
CAZip Code
94110Purpose of Disbursement
MERCHANT FEE

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2018			

FEC Identification Number

C**Transaction ID : SB21B.40981**

Amount of Each Disbursement this Period

73.43

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

632.82

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

PAGE 127 OF 191

<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCOState
CAZip Code
94110Purpose of Disbursement
MERCHANT FEE

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2018

FEC Identification Number

C**Transaction ID : SB21B.40982**

Amount of Each Disbursement this Period

351.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCOState
CAZip Code
94110Purpose of Disbursement
MERCHANT FEE

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2018

FEC Identification Number

C**Transaction ID : SB21B.40983**

Amount of Each Disbursement this Period

91.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCOState
CAZip Code
94110Purpose of Disbursement
MERCHANT FEE

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.40984**

Amount of Each Disbursement this Period

10.44

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

452.97

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

PAGE 128 OF 191

<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCOState
CAZip Code
94110Purpose of Disbursement
MERCHANT FEE

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2018			

FEC Identification Number

C**Transaction ID : SB21B.40985**

Amount of Each Disbursement this Period

21.29

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCOState
CAZip Code
94110Purpose of Disbursement
MERCHANT FEE

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2018			

FEC Identification Number

C**Transaction ID : SB21B.40986**

Amount of Each Disbursement this Period

104.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCOState
CAZip Code
94110Purpose of Disbursement
MERCHANT FEE

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2018			

FEC Identification Number

C**Transaction ID : SB21B.40987**

Amount of Each Disbursement this Period

96.76

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

222.58

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

PAGE 129 OF 191

<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCOState
CAZip Code
94110Purpose of Disbursement
MERCHANT FEE

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2018			

FEC Identification Number

C**Transaction ID : SB21B.40988**

Amount of Each Disbursement this Period

14.19

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCOState
CAZip Code
94110Purpose of Disbursement
MERCHANT FEE

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2018			

FEC Identification Number

C**Transaction ID : SB21B.40989**

Amount of Each Disbursement this Period

23.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCOState
CAZip Code
94110Purpose of Disbursement
MERCHANT FEE

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2018			

FEC Identification Number

C**Transaction ID : SB21B.40990**

Amount of Each Disbursement this Period

7.79

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

44.99

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

PAGE 130 OF 191

<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCOState
CAZip Code
94110Purpose of Disbursement
MERCHANT FEE

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2018			

FEC Identification Number

C**Transaction ID : SB21B.40991**

Amount of Each Disbursement this Period

106.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCOState
CAZip Code
94110Purpose of Disbursement
MERCHANT FEE

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2018			

FEC Identification Number

C**Transaction ID : SB21B.40992**

Amount of Each Disbursement this Period

8.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCOState
CAZip Code
94110Purpose of Disbursement
MERCHANT FEE

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			26			2018			

FEC Identification Number

C**Transaction ID : SB21B.40993**

Amount of Each Disbursement this Period

25.41

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

140.72

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

PAGE 131 OF 191

<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. SUNNY'S EXECUTIVE SEDAN SERVICE

Mailing Address 5252 CHEROKEE AVE

City
ALEXANDRIAState
VAZip Code
22312Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39915]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2018

FEC Identification Number

C **Transaction ID : SB21B.41061**

Amount of Each Disbursement this Period

 136.08☒ Memo Item

Full Name (Last, First, Middle Initial)

B. TGI FRIDAYS

Mailing Address 4201 MARSH LN.

City
CARROLTONState
TXZip Code
75007Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39915]: TRAVEL: MEALS
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2018

FEC Identification Number

C **Transaction ID : SB21B.41041**

Amount of Each Disbursement this Period

 33.16☒ Memo Item

Full Name (Last, First, Middle Initial)

C. THE KOZLOW GROUP INC

Mailing Address 14624 GLADE HILL PARK WAY

City
WINTER GARDENState
FLZip Code
34787Purpose of Disbursement
STRATEGY CONSULTING
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		05		2018

FEC Identification Number

C **Transaction ID : SB21B.40995**

Amount of Each Disbursement this Period

 5000.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 5000.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. THE PENINSULA BEVERLY HILLS

Mailing Address 9882 S SANTA MONICA BLVD

City
BEVERLY HILLSState
CAZip Code
90212Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39914]: TRAVEL: LODGING

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				17				2018					

FEC Identification Number

C **Transaction ID : SB21B.41025**

Amount of Each Disbursement this Period

 922.58☒ Memo Item

Full Name (Last, First, Middle Initial)

B. THE PENINSULA BEVERLY HILLS

Mailing Address 9882 S SANTA MONICA BLVD

City
BEVERLY HILLSState
CAZip Code
90212Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39914]: TRAVEL: LODGING

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				18				2018					

FEC Identification Number

C **Transaction ID : SB21B.41029**

Amount of Each Disbursement this Period

 1287.87☒ Memo Item

Full Name (Last, First, Middle Initial)

C. THE PENINSULA BEVERLY HILLS

Mailing Address 9882 S SANTA MONICA BLVD

City
BEVERLY HILLSState
CAZip Code
90212Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39914]: TRAVEL: LODGING

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				18				2018					

FEC Identification Number

C **Transaction ID : SB21B.41030**

Amount of Each Disbursement this Period

 183.44☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 0.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. THE POLLING COMPANYMailing Address 2850 EISENHOWER AVENUE
1ST FLOORCity
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
POLLING EXPENSE

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				29				2018					

FEC Identification Number

C**Transaction ID : SB21B.39960**

Amount of Each Disbursement this Period

8350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THE POST OAK HOTEL

Mailing Address 1600 W LOOP S

City
HOUSTONState
TXZip Code
77027Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39917]: CREDIT: EVENT EXPENSE:
FACILITY RENTAL

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				19				2018					

FEC Identification Number

C**Transaction ID : SB21B.41075**

Amount of Each Disbursement this Period

- 410.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. TINY JEWEL BOX INC

Mailing Address 1155 CONNECTICUT AVE NW

City
WASHINGTONState
DCZip Code
20036Purpose of Disbursement
1ST BANKCARD PMT [SB21B.40958]: CONTRIBUTOR COLLATERAL

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.41124**

Amount of Each Disbursement this Period

6906.25

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8350.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. TONY MANDOLA'S

Mailing Address 1212 WAUGH DR

City
HOUSTONState
TXZip Code
77019Purpose of Disbursement
REIMBURSEMENT [SB21B.40962]: MEETING EXPENSE: MEALS

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				24				2018					

FEC Identification Number

C **Transaction ID : SB21B.41220**

Amount of Each Disbursement this Period

 199.27☒ Memo Item

Full Name (Last, First, Middle Initial)

B. TRUMP INTERNATIONAL HOTEL WASHINGTON, D.C

Mailing Address 1100 PENNSYLVANIA AVE. NW

City
WASHINGTONState
DCZip Code
20004Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: LODGING

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
09				29				2018					

FEC Identification Number

C **Transaction ID : SB21B.41181**

Amount of Each Disbursement this Period

 314.77☒ Memo Item

Full Name (Last, First, Middle Initial)

C. TRUMP INTERNATIONAL HOTEL WASHINGTON, D.C

Mailing Address 1100 PENNSYLVANIA AVE. NW

City
WASHINGTONState
DCZip Code
20004Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39915]: EVENT EXPENSE: FACILITY
RENTAL AND CATERING

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				12				2018					

FEC Identification Number

C **Transaction ID : SB21B.41048**

Amount of Each Disbursement this Period

 1567.80☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 0.00

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

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. TRUMP INTERNATIONAL HOTEL WASHINGTON, D.C

Mailing Address 1100 PENNSYLVANIA AVE. NW

City
WASHINGTONState
DCZip Code
20004Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39919]: EVENT EXPENSE: FACILITY
RENTAL

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				22				2018					

FEC Identification Number

C**Transaction ID : SB21B.41081**

Amount of Each Disbursement this Period

6000.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. TRUMP INTERNATIONAL HOTEL WASHINGTON, D.C

Mailing Address 1100 PENNSYLVANIA AVE. NW

City
WASHINGTONState
DCZip Code
20004Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39922]: EVENT EXPENSE: FACILITY
RENTAL AND CATERING

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				26				2018					

FEC Identification Number

C**Transaction ID : SB21B.41108**

Amount of Each Disbursement this Period

5319.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. TRUMP INTERNATIONAL HOTEL WASHINGTON, D.C

Mailing Address 1100 PENNSYLVANIA AVE. NW

City
WASHINGTONState
DCZip Code
20004Purpose of Disbursement
1ST BANKCARD PMT [SB21B.40956]: EVENT EXPENSE: FACILITY
RENTAL AND CATERING

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				02				2018					

FEC Identification Number

C**Transaction ID : SB21B.41116**

Amount of Each Disbursement this Period

3000.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. TRUMP INTERNATIONAL HOTEL WASHINGTON, D.C

Mailing Address 1100 PENNSYLVANIA AVE. NW

City
WASHINGTONState
DCZip Code
20004Purpose of Disbursement
FACILITY RENTAL AND CATERING SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	9			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.40997**

Amount of Each Disbursement this Period

24804.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TRUMP INTERNATIONAL HOTEL WASHINGTON, D.C

Mailing Address 1100 PENNSYLVANIA AVE. NW

City
WASHINGTONState
DCZip Code
20004Purpose of Disbursement
1ST BANKCARD PMT [SB21B.40958]: EVENT EXPENSE: FACILITY
RENTAL AND CATERING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.41127**

Amount of Each Disbursement this Period

3365.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND
TRANSPORTATION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.41204**

Amount of Each Disbursement this Period

20.36

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

24804.13

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	5			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.41203**

Amount of Each Disbursement this Period

11.73

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.41199**

Amount of Each Disbursement this Period

15.14

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.41200**

Amount of Each Disbursement this Period

12.26

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

0.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		16		2018

FEC Identification Number

C

Transaction ID : SB21B.41201

Amount of Each Disbursement this Period

5.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		16		2018

FEC Identification Number

C

Transaction ID : SB21B.41202

Amount of Each Disbursement this Period

11.64

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.41198

Amount of Each Disbursement this Period

12.57

☒ Memo Item

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

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

0.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.41195**

Amount of Each Disbursement this Period

24.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.41196**

Amount of Each Disbursement this Period

84.63

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.41197**

Amount of Each Disbursement this Period

15.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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

PAGE 140 OF 191

<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.41193

Amount of Each Disbursement this Period

5.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.41194

Amount of Each Disbursement this Period

11.46

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.41192

Amount of Each Disbursement this Period

13.93

☒ Memo Item

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

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

0.00

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

PAGE 141 OF 191

<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.41190**

Amount of Each Disbursement this Period

34.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.41191**

Amount of Each Disbursement this Period

20.73

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.40962]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.41226**

Amount of Each Disbursement this Period

10.37

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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

PAGE 142 OF 191

<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.40962]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				02				2018					

FEC Identification Number

C

Transaction ID : SB21B.41227

Amount of Each Disbursement this Period

9.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.39924]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				03				2018					

FEC Identification Number

C

Transaction ID : SB21B.41182

Amount of Each Disbursement this Period

11.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.39924]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				03				2018					

FEC Identification Number

C

Transaction ID : SB21B.41183

Amount of Each Disbursement this Period

14.26

☒ Memo Item

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

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

0.00

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

PAGE 143 OF 191

<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.39924]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				04				2018					

FEC Identification Number

C**Transaction ID : SB21B.41184**

Amount of Each Disbursement this Period

8.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.39924]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				04				2018					

FEC Identification Number

C**Transaction ID : SB21B.41185**

Amount of Each Disbursement this Period

10.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.40962]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				06				2018					

FEC Identification Number

C**Transaction ID : SB21B.41224**

Amount of Each Disbursement this Period

25.99

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

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

PAGE 144 OF 191

<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.40962]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	6			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.41225**

Amount of Each Disbursement this Period

153.22

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.39924]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.41186**

Amount of Each Disbursement this Period

15.32

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.39924]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.41187**

Amount of Each Disbursement this Period

33.87

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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

PAGE 145 OF 191

<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.39924]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				10				2018					

FEC Identification Number

C

Transaction ID : SB21B.41188

Amount of Each Disbursement this Period

16.24

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.39924]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				10				2018					

FEC Identification Number

C

Transaction ID : SB21B.41189

Amount of Each Disbursement this Period

15.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.40962]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				17				2018					

FEC Identification Number

C

Transaction ID : SB21B.41222

Amount of Each Disbursement this Period

26.78

☒ Memo Item

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

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

0.00

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

PAGE 146 OF 191

<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.40962]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				17				2018					

FEC Identification Number

C

Transaction ID : SB21B.41223

Amount of Each Disbursement this Period

34.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.40961]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				22				2018					

FEC Identification Number

C

Transaction ID : SB21B.41228

Amount of Each Disbursement this Period

26.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.40961]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				23				2018					

FEC Identification Number

C

Transaction ID : SB21B.41225

Amount of Each Disbursement this Period

32.51

☒ Memo Item

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

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

0.00

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

PAGE 147 OF 191

<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
REIMBURSEMENT [SB21B.40962]: TRAVEL: GROUND
TRANSPORTATION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				24				2018					

FEC Identification Number

C**Transaction ID : SB21B.41221**

Amount of Each Disbursement this Period

59.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. UNION PIE

Mailing Address 901 WHARF ST SW

City
WASHINGTONState
DCZip Code
20024Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39915]: EVENT EXPENSE: MEALS
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				18				2018					

FEC Identification Number

C**Transaction ID : SB21B.41066**

Amount of Each Disbursement this Period

220.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINESMailing Address 900 GRAND PLAZA DR
SUITE 430City
HOUSTONState
TXZip Code
77067Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: AIR
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
09				27				2018					

FEC Identification Number

C**Transaction ID : SB21B.41206**

Amount of Each Disbursement this Period

677.20

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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

PAGE 148 OF 191

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

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

NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. UNITED AIRLINESMailing Address 900 GRAND PLAZA DR
SUITE 430City
HOUSTONState
TXZip Code
77067Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2018

FEC Identification Number

C**Transaction ID : SB21B.41207**

Amount of Each Disbursement this Period

109.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINESMailing Address 900 GRAND PLAZA DR
SUITE 430City
HOUSTONState
TXZip Code
77067Purpose of Disbursement
REIMBURSEMENT [SB21B.39925]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2018

FEC Identification Number

C**Transaction ID : SB21B.41205**

Amount of Each Disbursement this Period

13.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINESMailing Address 900 GRAND PLAZA DR
SUITE 430City
HOUSTONState
TXZip Code
77067Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39914]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2018

FEC Identification Number

C**Transaction ID : SB21B.41003**

Amount of Each Disbursement this Period

602.20

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

<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

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Three 7-segment displays are shown, each with a label above it. The first display is labeled 'MM' and shows the number '10'. The second display is labeled 'YY' and shows the number '04'. The third display is labeled '2018' and shows the year '2018'.

602.20

 Memo Item

M M / D D / Y Y Y Y Y

10 15 2018

869.20

 Memo Item

1205.60

X Memo Item

0.00

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

PAGE 150 OF 191

<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. UNITED AIRLINESMailing Address 900 GRAND PLAZA DR
SUITE 430City
HOUSTONState
TXZip Code
77067Purpose of Disbursement
REIMBURSEMENT [SB21B.39962]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.41208**

Amount of Each Disbursement this Period

17.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINESMailing Address 900 GRAND PLAZA DR
SUITE 430City
HOUSTONState
TXZip Code
77067Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39918]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.41083**

Amount of Each Disbursement this Period

548.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINESMailing Address 900 GRAND PLAZA DR
SUITE 430City
HOUSTONState
TXZip Code
77067Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39918]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.41084**

Amount of Each Disbursement this Period

1204.40

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. UNITED AIRLINESMailing Address 900 GRAND PLAZA DR
SUITE 430City
HOUSTONState
TXZip Code
77067Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39918]: TRAVEL: AIR

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
10		22		2018

FEC Identification Number

C**Transaction ID : SB21B.41085**

Amount of Each Disbursement this Period

99.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINESMailing Address 900 GRAND PLAZA DR
SUITE 430City
HOUSTONState
TXZip Code
77067Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39918]: TRAVEL: AIR

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
10		22		2018

FEC Identification Number

C**Transaction ID : SB21B.41086**

Amount of Each Disbursement this Period

112.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINESMailing Address 900 GRAND PLAZA DR
SUITE 430City
HOUSTONState
TXZip Code
77067Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39918]: TRAVEL: AIR

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
10		22		2018

FEC Identification Number

C**Transaction ID : SB21B.41087**

Amount of Each Disbursement this Period

39.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. UNITED AIRLINESMailing Address 900 GRAND PLAZA DR
SUITE 430City
HOUSTONState
TXZip Code
77067Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39918]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				22				2018					

FEC Identification Number

C**Transaction ID : SB21B.41088**

Amount of Each Disbursement this Period

602.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINESMailing Address 900 GRAND PLAZA DR
SUITE 430City
HOUSTONState
TXZip Code
77067Purpose of Disbursement
REIMBURSEMENT [SB21B.40962]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				22				2018					

FEC Identification Number

C**Transaction ID : SB21B.41232**

Amount of Each Disbursement this Period

1204.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINESMailing Address 900 GRAND PLAZA DR
SUITE 430City
HOUSTONState
TXZip Code
77067Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39918]: TRAVEL: AIR TICKET FEE

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				23				2018					

FEC Identification Number

C**Transaction ID : SB21B.41088**

Amount of Each Disbursement this Period

12.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. UNITED AIRLINESMailing Address 900 GRAND PLAZA DR
SUITE 430City
HOUSTONState
TXZip Code
77067Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39920]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				23				2018					

FEC Identification Number

C **Transaction ID : SB21B.41090**

Amount of Each Disbursement this Period

 1204.40☒ Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINESMailing Address 900 GRAND PLAZA DR
SUITE 430City
HOUSTONState
TXZip Code
77067Purpose of Disbursement
1ST BANKCARD PMT [SB21B.39920]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				24				2018					

FEC Identification Number

C **Transaction ID : SB21B.41096**

Amount of Each Disbursement this Period

 1757.40☒ Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINESMailing Address 900 GRAND PLAZA DR
SUITE 430City
HOUSTONState
TXZip Code
77067Purpose of Disbursement
REIMBURSEMENT [SB21B.40962]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				25				2018					

FEC Identification Number

C **Transaction ID : SB21B.4123f**

Amount of Each Disbursement this Period

 66.00☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 0.00

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

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<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. UNITED AIRLINESMailing Address 900 GRAND PLAZA DR
SUITE 430City
HOUSTONState
TXZip Code
77067Purpose of Disbursement
REIMBURSEMENT [SB21B.40962]: TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
10			25			2018					

FEC Identification Number

C**Transaction ID : SB21B.41231**

Amount of Each Disbursement this Period

10.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. VINEYARD VINES

Mailing Address 181 HARBOR DR

City
STAMFORDState
CTZip Code
06902Purpose of Disbursement
1ST BANKCARD PMT [SB21B.40955]: CONTRIBUTOR COLLATERAL

Candidate Name

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

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
10			31			2018					

FEC Identification Number

C**Transaction ID : SB21B.41131**

Amount of Each Disbursement this Period

8251.55

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. WALSH, BRIAN, , ,Mailing Address C/O AMERICA FIRST ACTION INC
1400 CRYSTAL DRIVE STE 850City
ARLINGTONState
VAZip Code
22202Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES IF REQUIRED

Candidate Name

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

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
10			22			2018					

FEC Identification Number

C**Transaction ID : SB21B.39925**

Amount of Each Disbursement this Period

6056.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6056.00

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

PAGE 155 OF 191

<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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. WALSH, BRIAN, , ,

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			06			2018					

Mailing Address C/O AMERICA FIRST ACTION INC
1400 CRYSTAL DRIVE STE 850City
ARLINGTONState
VAZip Code
22202Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES IF REQUIRED

Candidate Name

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

State: District:

FEC Identification Number

C**Transaction ID : SB21B.40962**

Amount of Each Disbursement this Period

3932.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WELL DUNN CATERING

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			29			2018					

Mailing Address 510 11TH ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
1ST BANKCARD PMT [SB21B.40955]: EVENT EXPENSE: CATERING
SERVICES

Candidate Name

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

State: District:

FEC Identification Number

C**Transaction ID : SB21B.41112**

Amount of Each Disbursement this Period

2175.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE HISTORICAL ASSOCIATION

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			07			2018					

Mailing Address 1610 H STREET NW

City
WASHINGTONState
DCZip Code
20006Purpose of Disbursement
1ST BANKCARD PMT [SB21B.40956] :CONTRIBUTOR COLLATERAL

Candidate Name

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

State: District:

FEC Identification Number

C**Transaction ID : SB21B.41122**

Amount of Each Disbursement this Period

555.18

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3932.70

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

696203.59

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

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

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. NEW REPUBLICAN PAC

Mailing Address 204 S MONROE ST. SUITE 201-A

City
TALLAHASSEEState
FLZip Code
32301Purpose of Disbursement
FEDERAL CONTRIBUTION

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		18		2018

FEC Identification Number

C C00544544**Transaction ID : SB23.39909**

Amount of Each Disbursement this Period

1000000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NEW REPUBLICAN PAC

Mailing Address 204 S MONROE ST. SUITE 201-A

City
TALLAHASSEEState
FLZip Code
32301Purpose of Disbursement
FEDERAL CONTRIBUTION

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2018

FEC Identification Number

C C00544544**Transaction ID : SB23.39911**

Amount of Each Disbursement this Period

300000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
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FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1300000.00

1300000.00

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

PAGE 157 OF 191

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. NEWMAN, TIMOTHY, , ,

Mailing Address 1120 CAMDEN AVE

City
ROCK HILLState
SCZip Code
29732Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		02		2018

FEC Identification Number

C**Transaction ID : SB28A.40996**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SKRMETTA, DENNIS, , ,

Mailing Address 526 NORTHWOODS DR

City
ABITA SPRINGSState
LAZip Code
70420Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2018

FEC Identification Number

C**Transaction ID : SB28A.39930**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00

3500.00

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

PAGE 158 OF 191

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

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)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JASON BRODEUR PC

Mailing Address 120 S MONROE STREET

City
TALLAHASSEEState
FLZip Code
32301Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

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

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.41241

Amount of Each Disbursement this Period

44250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

44250.00

44250.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 159 OF 191
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00637512 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	
Full Name of Payee <input type="checkbox"/> Memo Item ADVANTAGE DIRECT			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 2300 CLARENDON BOULEVARD SUITE 303			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">110000.00</div>		
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SE.38303 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure LIVE CALLS		Category/ Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: MCSALLY, MARTHA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: <u>AZ</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">229758.91</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <input type="checkbox"/> Memo Item ADVANTAGE DIRECT			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 2300 CLARENDON BOULEVARD SUITE 303			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35000.00</div>		
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SE.38312 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure GOTV PHONES		Category/ Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: SESSIONS, PETE MR., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>32</u> State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2437098.82</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">145000.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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.					
Signature PROCH, JON, , ,		[Electronically Filed]		Date <input type="text"/> / <input type="text"/> / <input type="text"/>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 160 OF 191
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00637512 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	
Full Name of Payee <input type="checkbox"/> Memo Item ADVANTAGE DIRECT			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2018		
Mailing Address 2300 CLARENDON BOULEVARD SUITE 303			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60000.00</div>		
City ARLINGTON		State VA	Zip Code 22201	Transaction ID : SE.40998 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2018	
Purpose of Expenditure GOTV PHONES: TEXTING			Category/Type 		
Name of Federal Candidate: MCSALLY, MARTHA, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: <u>AZ</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">347310.91</div> 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 ADVANTAGE DIRECT			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 24 / 2018		
Mailing Address 2300 CLARENDON BOULEVARD SUITE 303			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50000.00</div>		
City ARLINGTON		State VA	Zip Code 22201	Transaction ID : SE.38436 Date of Disbursement or Obligation MM / DD / YYYY 11 / 20 / 2018	
Purpose of Expenditure GOTV LIVE CALLS			Category/Type 		
Name of Federal Candidate: HYDE-SMITH, CINDY, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: <u>MS</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">50000.00</div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <u>Sp. Gen. RunOff</u>		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">110000.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.					
Signature <u>PROCH, JON, ,</u>		[Electronically Filed]		Date MM / DD / YYYY 01 / 25 / 2019	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 161 OF 191
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ C C00637512	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee CONVERGENCE MEDIA LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2018		
Mailing Address P.O. BOX 711024			Amount 25000.00		
City HERNDON	State VA	Zip Code 20171	Transaction ID : SE.36605		
Purpose of Expenditure DIGITAL ADVERTISING		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 19 / 2018		
Name of Federal Candidate: FEEHAN, DANIEL, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u>		
Calendar Year-To-Date Per Election for Office Sought 1362670.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee CONVERGENCE MEDIA LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2018		
Mailing Address P.O. BOX 711024			Amount 60000.00		
City HERNDON	State VA	Zip Code 20171	Transaction ID : SE.38401		
Purpose of Expenditure DIGITAL ADVERTISING		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 19 / 2018		
Name of Federal Candidate: OJEDA, RICHARD, NEECE, , II			Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>		
Calendar Year-To-Date Per Election for Office Sought 1117511.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			85000.00		
(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.					
Signature PROCH, JON, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 01 / 25 / 2019	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 162 OF 191
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00637512 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item CONVERGENCE MEDIA LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">24</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div>		
Mailing Address P.O. BOX 711024			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">119758.91</div>		
City HERNDON		State VA	Zip Code 20171	Transaction ID : SE.38301 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">22</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div>	
Purpose of Expenditure DIGITAL ADVERTISING			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Name of Federal Candidate: MCSALLY, MARTHA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">119758.91</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item CONVERGENCE MEDIA LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">24</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div>		
Mailing Address P.O. BOX 711024			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">44936.77</div>		
City HERNDON		State VA	Zip Code 20171	Transaction ID : SE.38304 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">22</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div>	
Purpose of Expenditure DIGITAL ADVERTISING			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Name of Federal Candidate: EPSTEIN, LENA ROSE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 11 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">817329.83</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">164695.68</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature PROCH, JON, , ,			[Electronically Filed]	Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">25</div> <div style="border: 1px solid black; padding: 2px;">2019</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 163 OF 191
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.		FEC IDENTIFICATION NUMBER ▼ C C00637512	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 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 CONVERGENCE MEDIA LLC Mailing Address P.O. BOX 711024 City HERNDON State VA Zip Code 20171 Purpose of Expenditure TELEMARKETING AND DATA MANAGEMENT SERVICES Category/Type 		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 02 / 2018 Amount 25000.00 Transaction ID : SE.38416 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 22 / 2018	
Name of Federal Candidate: BUDD, THEODORE, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 946568.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item CONVERGENCE MEDIA LLC Mailing Address P.O. BOX 711024 City HERNDON State VA Zip Code 20171 Purpose of Expenditure DIGITAL ADVERTISING Category/Type 		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2018 Amount 45000.00 Transaction ID : SE.38335 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 25 / 2018	
Name of Federal Candidate: SCOTT, GEORGE, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought 722215.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		70000.00	
(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.			
Signature <u>PROCH, JON, , ,</u>		Date M M / D D / Y Y Y Y Y Y 01 / 25 / 2019	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 164 OF 191
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00637512 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	
Full Name of Payee <input type="checkbox"/> Memo Item JAMESTOWN ASSOCIATES			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 116 CRAIG ROAD			Amount <input type="text"/>		
City MANALAPAN	State NJ	Zip Code 07726	Transaction ID : SE.38271 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure PRODUCTION COST		Category/ Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: TUCKER, EVERETT CLARKE IV, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: AR		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item JAMESTOWN ASSOCIATES			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 116 CRAIG ROAD			Amount <input type="text"/>		
City MANALAPAN	State NJ	Zip Code 07726	Transaction ID : SE.38373 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure PRODUCTION COST		Category/ Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: SLOTKIN, ELISSA, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 08 State: MI		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<input type="text"/>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<input type="text"/>		
(c) TOTAL 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.					
Signature PROCH, JON, , ,		[Electronically Filed]		Date <input type="text"/> / <input type="text"/> / <input type="text"/>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 165 OF 191
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ C C00637512	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y	
Full Name of Payee JOHNSON STRATEGIES LLC			<input type="checkbox"/> Memo Item		
Mailing Address 4612 DUSIK LANE			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 10 / 24 / 2018		
City AUSTIN	State TX	Zip Code 78746	Amount 10000.00		
Purpose of Expenditure PRODUCTION COST		Category/Type 	Transaction ID : SE.38311 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 10 / 24 / 2018		
Name of Federal Candidate: SCOTT, GEORGE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought 677215.34			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee MAJORITY STRATEGIES LLC			<input type="checkbox"/> Memo Item		
Mailing Address 12854 KENAN DRIVE, SUITE 145			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 10 / 18 / 2018		
City JACKSONVILLE	State FL	Zip Code 32258	Amount 14065.31		
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE		Category/Type 	Transaction ID : SE.36595 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 10 / 18 / 2018		
Name of Federal Candidate: ALLRED, COLIN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought 2375423.50			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			24065.31		
(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.					
Signature PROCH, JON, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y 01 / 25 / 2019	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 166 OF 191
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00637512 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item MAJORITY STRATEGIES LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Mailing Address 12854 KENAN DRIVE, SUITE 145			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">17416.56</div>		
City JACKSONVILLE	State FL	Zip Code 32258	Transaction ID : SE.36596 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: right;">17416.56</div>		
Name of Federal Candidate: MANNING, KATHY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; text-align: right;">789233.72</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">789233.72</div>		
Full Name of Payee <input type="checkbox"/> Memo Item MAJORITY STRATEGIES LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Mailing Address 12854 KENAN DRIVE, SUITE 145			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">26675.32</div>		
City JACKSONVILLE	State FL	Zip Code 32258	Transaction ID : SE.38278 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: right;">26675.32</div>		
Name of Federal Candidate: ALLRED, COLIN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; text-align: right;">2402098.82</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">2402098.82</div>		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">44091.88</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature PROCH, JON, , ,		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	
<div style="border: 1px solid black; padding: 2px; text-align: right;">01</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">25</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">2019</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00637512 </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 MAJORITY STRATEGIES LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">22</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div>	
Mailing Address 12854 KENAN DRIVE, SUITE 145				
City JACKSONVILLE	State FL	Zip Code 32258	Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 49053.68 </div>	
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE			Transaction ID : SE.36611 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">22</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div>	
Name of Federal Candidate: DONNELLY, JOSEPH S, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 2820485.40 </div>				

Full Name of Payee <input type="checkbox"/> Memo Item MAJORITY STRATEGIES LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">23</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div>	
Mailing Address 12854 KENAN DRIVE, SUITE 145				
City JACKSONVILLE	State FL	Zip Code 32258	Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 17280.00 </div>	
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE			Transaction ID : SE.38274 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">22</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div>	
Name of Federal Candidate: MANNING, KATHY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 806513.72 </div>				

(a) SUBTOTAL of Itemized Independent Expenditures	▶	66333.68
(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.

PROCH, JON, , ,

[Electronically Filed]

Date

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25

2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ C C00637512	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y	
Full Name of Payee MAJORITY STRATEGIES LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 10 / 29 / 2018		
Mailing Address 12854 KENAN DRIVE, SUITE 145			Amount 17416.56		
City JACKSONVILLE		State FL	Zip Code 32258		Transaction ID : SE.38378
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE			Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 10 / 22 / 2018
Name of Federal Candidate: MANNING, KATHY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 921568.28			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee MAJORITY STRATEGIES LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 10 / 29 / 2018		
Mailing Address 12854 KENAN DRIVE, SUITE 145			Amount 26675.32		
City JACKSONVILLE		State FL	Zip Code 32258		Transaction ID : SE.38382
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE			Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 10 / 22 / 2018
Name of Federal Candidate: ALLRED, COLIN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 2463774.14			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			44091.88		
(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.					
Signature PROCH, JON, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y 01 / 25 / 2019	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00637512 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item MAJORITY STRATEGIES LLC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 29 / 2018 </div>	
Mailing Address 12854 KENAN DRIVE, SUITE 145			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 13081.25 </div>	
City JACKSONVILLE	State FL	Zip Code 32258	Transaction ID : SE.38383 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 22 / 2018 </div>	
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: SESSIONS, PETE MR., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 32 State: TX	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2476855.39 </div>			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 13081.25 </div>	

Full Name of Payee <input type="checkbox"/> Memo Item MAJORITY STRATEGIES LLC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 29 / 2018 </div>	
Mailing Address 12854 KENAN DRIVE, SUITE 145			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 17500.35 </div>	
City JACKSONVILLE	State FL	Zip Code 32258	Transaction ID : SE.38379 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 23 / 2018 </div>	
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: BUDD, THEODORE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 13 State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 964068.63 </div>			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 17500.35 </div>	

(a) SUBTOTAL of Itemized Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">30581.60</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.

PROCH, JON, , ,

[Electronically Filed]

Date

MM / DD / YYYY
 01 / 25 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 170 OF 191
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00637512 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	
Full Name of Payee <input type="checkbox"/> Memo Item MAJORITY STRATEGIES LLC			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 12854 KENAN DRIVE, SUITE 145			Amount <input type="text"/>		
City JACKSONVILLE	State FL	Zip Code 32258	Transaction ID : SE.38426 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: HYDE-SMITH, CINDY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: MS		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ Sp. Gen. RunOff		
Full Name of Payee <input type="checkbox"/> Memo Item ONMESSAGE INC.			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 705 MELVIN AVE #105			Amount <input type="text"/>		
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : SE.38276 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure PRODUCTION COST		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: MANNING, KATHY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: NC		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<input type="text"/>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<input type="text"/>		
(c) TOTAL 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.					
Signature PROCH, JON, , ,		[Electronically Filed]		Date <input type="text"/> / <input type="text"/> / <input type="text"/>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 171 OF 191
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00637512 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item ONMESSAGE INC.				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 705 MELVIN AVE #105				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10008.00</div>	
City ANNAPOLIS		State MD		Zip Code 21401	
Purpose of Expenditure PRODUCTION COST				Transaction ID : SE.38365 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: GOLDEN, JARED, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">901171.92</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item PEOPLE WHO THINK, LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 4250 HIGHWAY 22 SUITE 7				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">46007.96</div>	
City MANDEVILLE		State LA		Zip Code 70471	
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE				Transaction ID : SE.38310 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: LEE, SUSIE, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1586070.27</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">56015.96</div> </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </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.					
Signature <u>PROCH, JON, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 172 OF 191
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00637512 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	
Full Name of Payee <input type="checkbox"/> Memo Item PEOPLE WHO THINK, LLC			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 4250 HIGHWAY 22 SUITE 7			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">46007.96</div>		
City MANDEVILLE	State LA	Zip Code 70471	Transaction ID : SE.38334 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE		Category/ Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: LEE, SUSIE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: NV		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1632078.23</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item PEOPLE WHO THINK, LLC			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 4250 HIGHWAY 22 SUITE 7			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">46007.96</div>		
City MANDEVILLE	State LA	Zip Code 70471	Transaction ID : SE.38399 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE		Category/ Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: LEE, SUSIE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: NV		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1678086.19</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">92015.92</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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.					
Signature PROCH, JON, , ,		[Electronically Filed]		Date <input type="text"/> / <input type="text"/> / <input type="text"/>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 173 OF 191
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00637512 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item PEOPLE WHO THINK, LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">25</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div>	
Mailing Address 4250 HIGHWAY 22 SUITE 7				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">28776.00</div>	
City MANDEVILLE		State LA		Zip Code 70471	
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE				Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: SINEMA, KYRSTEN, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; text-align: right;">258534.91</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				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 PEOPLE WHO THINK, LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">25</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div>	
Mailing Address 4250 HIGHWAY 22 SUITE 7				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15130.00</div>	
City MANDEVILLE		State LA		Zip Code 70471	
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE				Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: SLOTKIN, ELISSA, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u>	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; text-align: right;">774772.63</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">43906.00</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </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.					
Signature <u>PROCH, JON, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">25</div> <div style="border: 1px solid black; padding: 2px;">2019</div> </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 174 OF 191
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00637512 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on	
Full Name of Payee PEOPLE WHO THINK, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 25 / 2018</div> </div>		
Mailing Address 4250 HIGHWAY 22 SUITE 7			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12434.00</div>		
City MANDEVILLE	State LA	Zip Code 70471	Transaction ID : SE.38325 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 22 / 2018</div> </div>		
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE		Category/ Type			
Name of Federal Candidate: STEVENS, HALEY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 11 State: MI		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">829763.83</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee PEOPLE WHO THINK, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 29 / 2018</div> </div>		
Mailing Address 4250 HIGHWAY 22 SUITE 7			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15130.00</div>		
City MANDEVILLE	State LA	Zip Code 70471	Transaction ID : SE.38376 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 22 / 2018</div> </div>		
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE		Category/ Type			
Name of Federal Candidate: SLOTKIN, ELISSA, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 08 State: MI		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">789902.63</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">27564.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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.					
Signature PROCH, JON, , ,		[Electronically Filed]		Date <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 01 / 25 / 2019</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 175 OF 191
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00637512 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <div style="float: right;"> New report Amends report filed on MM / DD / YYYY </div>					
Full Name of Payee <input type="checkbox"/> Memo Item PEOPLE WHO THINK, LLC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 29 / 2018 </div>		
Mailing Address 4250 HIGHWAY 22 SUITE 7			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 12434.00 </div>		
City MANDEVILLE	State LA	Zip Code 70471	Transaction ID : SE.38377 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 22 / 2018 </div>		
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE		Category/ Type 			
Name of Federal Candidate: STEVENS, HALEY, , , <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>			Office Sought: <input checked="" type="checkbox"/> House District: 11 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought 842197.83			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item PEOPLE WHO THINK, LLC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 30 / 2018 </div>		
Mailing Address 4250 HIGHWAY 22 SUITE 7			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 28776.00 </div>		
City MANDEVILLE	State LA	Zip Code 70471	Transaction ID : SE.38395 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 22 / 2018 </div>		
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE		Category/ Type 			
Name of Federal Candidate: SINEMA, KYRSTEN, , , <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>			Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought 287310.91			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">41210.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.					
Signature <u>PROCH, JON, , ,</u>		[Electronically Filed]		Date MM / DD / YYYY 01 / 25 / 2019	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 176 OF 191
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00637512 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item POLITICAL INK, INC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1200 18TH STREET NW SUITE #700				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">27794.66</div>	
City WASHINGTON		State DC		Zip Code 20036	
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE				Transaction ID : SE.36612 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: ROSENDALE, MATT, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify)	
Full Name of Payee <input type="checkbox"/> Memo Item POLITICAL INK, INC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1200 18TH STREET NW SUITE #700				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">16977.24</div>	
City WASHINGTON		State DC		Zip Code 20036	
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE				Transaction ID : SE.38272 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: GOLDEN, JARED, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; text-align: right;">44771.90</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(c) TOTAL Independent Expenditures				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature PROCH, JON, , ,		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00637512 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y / / / </div>	

Full Name of Payee <input type="checkbox"/> Memo Item POLITICAL INK, INC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 23 / 2018 </div>		
Mailing Address 1200 18TH STREET NW SUITE #700			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 27794.66 </div>		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE.38273 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 22 / 2018 </div>		
Purpose of Expenditure DIRECT MAIL POSTAGE AND PRINTING			Category/ Type		
Name of Federal Candidate: TESTER, JON, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MT		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1567983.98 </div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ►					

Full Name of Payee <input type="checkbox"/> Memo Item POLITICAL INK, INC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2018 </div>		
Mailing Address 1200 18TH STREET NW SUITE #700			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 16977.24 </div>		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE.38332 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 22 / 2018 </div>		
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE			Category/ Type		
Name of Federal Candidate: GOLDEN, JARED, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President State: ME		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 891163.92 </div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ►					

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 44771.90 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.

Signature PROCH, JON, , , [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
 01 / 25 / 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 178 OF 191
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00637512 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	
Full Name of Payee <input type="checkbox"/> Memo Item POLITICAL INK, INC			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 1200 18TH STREET NW SUITE #700			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">27794.66</div>		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE.38354 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE		Category/ Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: TESTER, JON, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: <u>MT</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1595778.64</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <input type="checkbox"/> Memo Item POLITICAL INK, INC			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 1200 18TH STREET NW SUITE #700			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14274.92</div>		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE.38277 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE		Category/ Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: SCOTT, GEORGE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>10</u> State: <u>PA</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">638665.50</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">42069.58</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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.					
Signature PROCH, JON, , ,		[Electronically Filed]		Date <input type="text"/> / <input type="text"/> / <input type="text"/>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00637512 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee <input type="checkbox"/> Memo Item POLITICAL INK, INC			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 1200 18TH STREET NW SUITE #700			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">27196.82</div>		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE.38306 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE		Category/ Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: RADINOVICH, JOSEPH, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 08 State: MN		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1974875.58</div>		

Full Name of Payee <input type="checkbox"/> Memo Item POLITICAL INK, INC			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 1200 18TH STREET NW SUITE #700			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14274.92</div>		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE.38330 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE		Category/ Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: SCOTT, GEORGE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 10 State: PA		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">652940.42</div>		

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">41471.74</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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.

Signature PROCH, JON, , , [Electronically Filed]

Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ C C00637512	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee POLITICAL INK, INC			<input type="checkbox"/> Memo Item		
Mailing Address 1200 18TH STREET NW SUITE #700			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2018		
City WASHINGTON		State DC	Zip Code 20036		
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE			Category/Type 		
Name of Federal Candidate: RADINOVICH, JOSEPH, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			2002072.40		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate			District: 08 State: MN		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee POLITICAL INK, INC			<input type="checkbox"/> Memo Item		
Mailing Address 1200 18TH STREET NW SUITE #700			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2018		
City WASHINGTON		State DC	Zip Code 20036		
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE			Category/Type 		
Name of Federal Candidate: SCOTT, GEORGE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			667215.34		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate			District: 10 State: PA		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			41471.74		
(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.					
Signature PROCH, JON, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 01 / 25 / 2019	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00637512 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee <input type="checkbox"/> Memo Item RED EAGLE MEDIA GROUP			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 815 SLATERS LANE			Amount <input type="text"/>		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.36604 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure PLACED MEDIA		Category/Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: FEEHAN, DANIEL, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1337670.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <input type="checkbox"/> Memo Item RED EAGLE MEDIA GROUP			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 815 SLATERS LANE			Amount <input type="text"/>		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.38269 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure PLACED MEDIA		Category/Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: TUCKER, EVERETT CLARKE IV, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 354666.70			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	▶ <input type="text"/> 702974.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <input type="text"/>
(c) TOTAL 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.

PROCH, JON, , , [Electronically Filed]

Signature _____ Date / / **01 / 25 / 2019**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ C C00637512	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee RED EAGLE MEDIA GROUP			<input type="checkbox"/> Memo Item		
Mailing Address 815 SLATERS LANE			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2018		
City ALEXANDRIA		State VA	Zip Code 22314	Amount 353026.40	
Purpose of Expenditure PLACED MEDIA			Category/Type 	Transaction ID : SE.38400 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 19 / 2018	
Name of Federal Candidate: OJEDA, RICHARD, NEECE, , II			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV	
Calendar Year-To-Date Per Election for Office Sought			1057511.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee RED EAGLE MEDIA GROUP			<input type="checkbox"/> Memo Item		
Mailing Address 815 SLATERS LANE			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 23 / 2018		
City ALEXANDRIA		State VA	Zip Code 22314	Amount 87138.00	
Purpose of Expenditure PLACED MEDIA			Category/Type 	Transaction ID : SE.38275 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 22 / 2018	
Name of Federal Candidate: MANNING, KATHY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			893651.72	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				440164.40	
(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.					
Signature PROCH, JON, , ,			[Electronically Filed]	Date M M / D D / Y Y Y Y Y Y 01 / 25 / 2019	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ C C00637512	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y	
Full Name of Payee RED EAGLE MEDIA GROUP			<input type="checkbox"/> Memo Item		
Mailing Address 815 SLATERS LANE			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 10 / 25 / 2018		
City ALEXANDRIA		State VA	Zip Code 22314	Amount 847865.90	
Purpose of Expenditure PLACED MEDIA			Category/Type 	Transaction ID : SE.38328 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 10 / 23 / 2018	
Name of Federal Candidate: O'CONNOR, DANIEL JAY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought			847865.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee RED EAGLE MEDIA GROUP			<input type="checkbox"/> Memo Item		
Mailing Address 815 SLATERS LANE			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 10 / 25 / 2018		
City ALEXANDRIA		State VA	Zip Code 22314	Amount 375891.90	
Purpose of Expenditure PLACED MEDIA			Category/Type 	Transaction ID : SE.38326 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 10 / 25 / 2018	
Name of Federal Candidate: FEEHAN, DANIEL, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought			1738562.52	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			1223757.80		
(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.					
Signature PROCH, JON, , ,			[Electronically Filed]		Date M M / D D / Y Y Y Y Y 01 / 25 / 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00637512 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Full Name of Payee RED EAGLE MEDIA GROUP <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Mailing Address 815 SLATERS LANE			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">657915.40</div>		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.38336 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure PLACED MEDIA		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; margin-top: 2px;"></div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: ALLRED, COLIN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">3134770.79</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee RED EAGLE MEDIA GROUP <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Mailing Address 815 SLATERS LANE			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">93999.06</div>		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.38368 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure PLACED MEDIA		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; margin-top: 2px;"></div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: STEVENS, HALEY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 11 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">936196.89</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">751914.46</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature PROCH, JON, , ,		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00637512 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee <input type="checkbox"/> Memo Item RED EAGLE MEDIA GROUP			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 815 SLATERS LANE			Amount <input type="text"/>		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.38369 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure PLACED MEDIA		Category/Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: SLOTKIN, ELISSA, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1430496.11			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <input type="checkbox"/> Memo Item RED EAGLE MEDIA GROUP			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 815 SLATERS LANE			Amount <input type="text"/>		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.38396 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure PLACED MEDIA		Category/Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: GOLDEN, JARED, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1089171.92			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	▶ <input type="text"/> 784093.48
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <input type="text"/>
(c) TOTAL 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.

PROCH, JON, , ,
 Signature

[Electronically Filed]
 Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 186 OF 191
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00637512 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee <input type="checkbox"/> Memo Item RED EAGLE MEDIA GROUP			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 815 SLATERS LANE			<input type="text"/> / <input type="text"/> / <input type="text"/>		
City ALEXANDRIA	State VA	Zip Code 22314	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1241778.54</div>		
Purpose of Expenditure PLACED MEDIA		Category/Type <input type="text"/>	Transaction ID : SE.38397 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: RADINOVICH, JOSEPH, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3243850.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <input type="checkbox"/> Memo Item RED EAGLE MEDIA GROUP			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 815 SLATERS LANE			<input type="text"/> / <input type="text"/> / <input type="text"/>		
City ALEXANDRIA	State VA	Zip Code 22314	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70500.00</div>		
Purpose of Expenditure PLACED MEDIA		Category/Type <input type="text"/>	Transaction ID : SE.38413 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: OJEDA, RICHARD, NEECE, , II			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1188011.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1312278.54</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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.

Signature PROCH, JON, , , [Electronically Filed]

Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 187 OF 191
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00637512 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item RED EAGLE MEDIA GROUP		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 20 / 2018 </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 108446.86 </div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.38429 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 19 / 2018 </div>
Purpose of Expenditure PLACED MEDIA		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: HYDE-SMITH, CINDY, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: MS	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ Sp. Gen. RunOff	

Full Name of Payee <input type="checkbox"/> Memo Item REDPRINT STRATEGY		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 25 / 2018 </div>	
Mailing Address 1050 JOHNNIE DODDS BLVD UNIT 2414		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 13000.00 </div>	
City MOUNT PLEASANT	State SC	Zip Code 29465	Transaction ID : SE.38337 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 24 / 2018 </div>
Purpose of Expenditure PRODUCTION COST		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: O'CONNOR, DANIEL JAY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: 12 State: OH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 121446.86 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0 </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 121446.86 </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.

Signature PROCH, JON, , , [Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 01 / 25 / 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 188 OF 191
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00637512 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item REDPRINT STRATEGY				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1050 JOHNNIE DODDS BLVD UNIT 2414				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12750.00</div>	
City MOUNT PLEASANT		State SC		Zip Code 29465	
Purpose of Expenditure PRODUCTION COST				Transaction ID : SE.38398 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: RADINOVICH, JOSEPH, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3256600.94</div>					
Full Name of Payee <input type="checkbox"/> Memo Item REDPRINT STRATEGY				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1050 JOHNNIE DODDS BLVD UNIT 2414				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15500.00</div>	
City MOUNT PLEASANT		State SC		Zip Code 29465	
Purpose of Expenditure PRODUCTION COST				Transaction ID : SE.38433 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: HYDE-SMITH, CINDY, , ,				Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ Sp. Gen. RunOff	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">15500.00</div>					
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">28250.00</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>(b) SUBTOTAL of Unitemized Independent Expenditures.....</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>(c) TOTAL Independent Expenditures</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </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.					
Signature PROCH, JON, , ,		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 189 OF 191
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00637512 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee <input type="checkbox"/> Memo Item RED STATE DATA AND DIGITAL			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div>10 / 26 / 2018</div> </div>		
Mailing Address 611 PENNSYLVANIA AVE SE #454			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">28000.00</div>		
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SE.38331 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div>10 / 23 / 2018</div> </div>		
Purpose of Expenditure DIGITAL ADVERTISING			Category/Type <input type="text"/>		
Name of Federal Candidate: TUCKER, EVERETT CLARKE IV, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">394166.70</div>		

Full Name of Payee <input type="checkbox"/> Memo Item RED STATE DATA AND DIGITAL			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div>11 / 01 / 2018</div> </div>		
Mailing Address 611 PENNSYLVANIA AVE SE #454			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">44500.00</div>		
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SE.38414 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div>10 / 23 / 2018</div> </div>		
Purpose of Expenditure DIGITAL ADVERTISING			Category/Type <input type="text"/>		
Name of Federal Candidate: BISHOP, MIKE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">834402.63</div>		

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">72500.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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.

PROCH, JON, , ,

Signature

[Electronically Filed]

Date / /

/ /

01 / 25 / 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 190 OF 191
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00637512 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	
Full Name of Payee <input type="checkbox"/> Memo Item RED STATE DATA AND DIGITAL			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 611 PENNSYLVANIA AVE SE #454			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">45000.00</div>		
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SE.38329 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure DIGITAL ADVERTISING		Category/ Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: O'CONNOR, DANIEL JAY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 12 State: OH		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">892865.90</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item RED STATE DATA AND DIGITAL			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 611 PENNSYLVANIA AVE SE #454			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35000.00</div>		
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SE.38380 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure DIGITAL ADVERTISING		Category/ Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: BALDERSON, TROY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 12 State: OH		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">940865.90</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">80000.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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.					
Signature PROCH, JON, , ,		[Electronically Filed]		Date <input type="text"/> / <input type="text"/> / <input type="text"/>	

