

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 STATE CONSERVATIVE REFORM ACTION PAC (SCRAP)

ADDRESS (number and street) 10532 ASHBURN RD Check if different than previously reported. (ACC) NORTH CHESTERFIELD VA 23235

2. FEC IDENTIFICATION NUMBER C C00566372 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special. Election on [MM/DD/YYYY] in the State of []

5. Covering Period 04 / 01 / 2018 through 06 / 30 / 2018

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

Signature of Treasurer Marston, Chris, , , [Electronically Filed] Date 07 / 17 / 2018

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

STATE CONSERVATIVE REFORM ACTION PAC (SCRAP)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="11550.35"/>	<input type="text" value="11550.35"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="11105.59"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="17000.00"/>	<input type="text" value="17000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="28105.59"/>	<input type="text" value="28550.35"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="18202.30"/>	<input type="text" value="18647.06"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="9903.29"/>	<input type="text" value="9903.29"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="20095.60"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

STATE CONSERVATIVE REFORM ACTION PAC (SCRAP)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A).....	2000.00	2000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2000.00	2000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	15000.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	17000.00	17000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	17000.00	17000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	17000.00	17000.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	4298.74	4311.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4298.74	4311.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	13903.56	14335.32
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18202.30	18647.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18202.30	18647.06

DETAILED SUMMARY PAGE
of Disbursements

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)	17000.00	17000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17000.00	17000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4298.74	4311.74
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4298.74	4311.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 15
(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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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)
STATE CONSERVATIVE REFORM ACTION PAC (SCRAP)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Spitzer, Terry, , ,

Mailing Address 3850 Littleneck Point Rd

City Virginia Beach	State VA	Zip Code 23452
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Global Technical Systems, Inc.	Occupation (for Individual) Executive
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2018

Transaction ID : SA11AI.4322

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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 7 OF 15
(check only one)

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

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NAME OF COMMITTEE (In Full)
STATE CONSERVATIVE REFORM ACTION PAC (SCRAP)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SPECIAL OPERATIONS FOR AMERICA

Mailing Address PO BOX 3245

City SARATOGA SPRINGS	State NY	Zip Code 12866
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00523241

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2018

Transaction ID : SA11C.4343

Amount of Each Receipt this Period
15000.00

Memo Item

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 M	/	D 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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	15000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STATE CONSERVATIVE REFORM ACTION PAC (SCRAP)

Full Name (Last, First, Middle Initial) A. First Citizens Bank		Date of Disbursement MM / DD / YYYY 06 / 18 / 2018	
Mailing Address PO Box 27131		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4328	
City Raleigh	State NC	Zip Code 27611	Amount of Each Disbursement this Period 50.00
Purpose of Disbursement Bank Fee		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. First Citizens Bank		Date of Disbursement MM / DD / YYYY 06 / 29 / 2018	
Mailing Address PO Box 27131		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4329	
City Raleigh	State NC	Zip Code 27611	Amount of Each Disbursement this Period 5.00
Purpose of Disbursement Bank Fee		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. North Rock Reports		Date of Disbursement MM / DD / YYYY 06 / 11 / 2018	
Mailing Address 45 N Hill Dr Ste 100		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4330	
City Warrenton	State VA	Zip Code 20186	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Compliance Consulting		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

2555.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STATE CONSERVATIVE REFORM ACTION PAC (SCRAP)

Full Name (Last, First, Middle Initial) A. RoboCent, Inc.		Date of Disbursement MM / DD / YYYY 06 / 04 / 2018
Mailing Address 2129 General Booth Blvd Ste 103-277		FEC Identification Number C [] Transaction ID : SB21B.4335 Amount of Each Disbursement this Period 5000.00
City Virginia Beach	State VA	Zip Code 23454
Purpose of Disbursement List Acquisition, Telecom Set-up, Pre-Paymnet of IEs		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RoboCent, Inc.		Date of Disbursement MM / DD / YYYY 06 / 06 / 2018
Mailing Address 2129 General Booth Blvd Ste 103-277		FEC Identification Number C [] Transaction ID : SB21B.4339 Amount of Each Disbursement this Period - 2951.26
City Virginia Beach	State VA	Zip Code 23454
Purpose of Disbursement Debit to Pay for IEs on Line 24		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RoboCent, Inc.		Date of Disbursement MM / DD / YYYY 06 / 07 / 2018
Mailing Address 2129 General Booth Blvd Ste 103-277		FEC Identification Number C [] Transaction ID : SB21B.4340 Amount of Each Disbursement this Period - 3390.20
City Virginia Beach	State VA	Zip Code 23454
Purpose of Disbursement Debit to Pay for IEs on Line 24		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	- 1341.46
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STATE CONSERVATIVE REFORM ACTION PAC (SCRAP)

Full Name (Last, First, Middle Initial) A. RoboCent, Inc.		Date of Disbursement MM / DD / YYYY 06 / 08 / 2018
Mailing Address 2129 General Booth Blvd Ste 103-277		FEC Identification Number C [] Transaction ID : SB21B.4336 Amount of Each Disbursement this Period 6000.00
City Virginia Beach	State VA	Zip Code 23454
Purpose of Disbursement Pre-Payment of IEs		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RoboCent, Inc.		Date of Disbursement MM / DD / YYYY 06 / 08 / 2018
Mailing Address 2129 General Booth Blvd Ste 103-277		FEC Identification Number C [] Transaction ID : SB21B.4341 Amount of Each Disbursement this Period - 3448.92
City Virginia Beach	State VA	Zip Code 23454
Purpose of Disbursement Debit to Pay for IEs on Line 24		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RoboCent, Inc.		Date of Disbursement MM / DD / YYYY 06 / 11 / 2018
Mailing Address 2129 General Booth Blvd Ste 103-277		FEC Identification Number C [] Transaction ID : SB21B.4342 Amount of Each Disbursement this Period - 2613.18
City Virginia Beach	State VA	Zip Code 23454
Purpose of Disbursement Debit to Pay for IEs on Line 24		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	- 62.10
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STATE CONSERVATIVE REFORM ACTION PAC (SCRAP)

A. RoboCent, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 2129 General Booth Blvd
Ste 103-277

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement Pre-Payment of IEs

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement MM / DD / YYYY 06 / 18 / 2018

FEC Identification Number C

Transaction ID : SB21B.4337

Amount of Each Disbursement this Period 2893.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement MM / DD / YYYY

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement MM / DD / YYYY

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2893.00
TOTAL This Period (last page this line number only).....▶	4044.44

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 15
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
STATE CONSERVATIVE REFORM ACTION PAC (SCRAP)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Holtzman Vogel Josefiak PLLC			Nature of Debt (Purpose): Legal Services
Mailing Address 45 N Hill Dr Ste 100			
City Warrenton	State VA	Zip Code 20186	

Outstanding Balance Beginning This Period		Transaction ID : SD10.4193	
10595.60			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	10595.60	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor North Rock Reports			Nature of Debt (Purpose): Compliance Consulting
Mailing Address 45 N Hill Dr Ste 100			
City Warrenton	State VA	Zip Code 20186	

Outstanding Balance Beginning This Period		Transaction ID : SD10.4189	
12000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	2500.00	9500.00	

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	20095.60
2) TOTALS This Period (last page this line number only)..... ▶	20095.60
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	20095.60

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STATE CONSERVATIVE REFORM ACTION PAC (SCRAP)
FEC IDENTIFICATION NUMBER C C00566372

Check if 24-hour report 48-hour report New report Amends report filed on 06/06/2018

Full Name of Payee RoboCent, Inc.
Mailing Address 2129 General Booth Blvd Ste 103-277
City Virginia Beach State VA Zip Code 23454
Purpose of Expenditure Voter Telephone Contact
Name of Federal Candidate: LURIA, ELAINE, , ,
Calendar Year-To-Date Per Election for Office Sought 1080.78
Disbursement For: Primary

Full Name of Payee RoboCent, Inc.
Mailing Address 2129 General Booth Blvd Ste 103-277
City Virginia Beach State VA Zip Code 23454
Purpose of Expenditure Voter Telephone Contact
Name of Federal Candidate: LURIA, ELAINE, , ,
Calendar Year-To-Date Per Election for Office Sought 3383.02
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 2951.26
(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.

Marston, Chris, , , [Electronically Filed] Date 07/17/2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STATE CONSERVATIVE REFORM ACTION PAC (SCRAP)
FEC IDENTIFICATION NUMBER C C00566372

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

Full Name of Payee RoboCent, Inc.
Mailing Address 2129 General Booth Blvd Ste 103-277
City Virginia Beach State VA Zip Code 23454
Purpose of Expenditure Voter Telephone Contact (24-Hour Report estimated at 2,500)
Name of Federal Candidate: LURIA, ELAINE, , ,
Calendar Year-To-Date Per Election for Office Sought 6773.22
Disbursement For: Primary

Full Name of Payee RoboCent, Inc.
Mailing Address 2129 General Booth Blvd Ste 103-277
City Virginia Beach State VA Zip Code 23454
Purpose of Expenditure Voter Telephone Contact (24-Hour Report Estimated as 2,500)
Name of Federal Candidate: LURIA, ELAINE, , ,
Calendar Year-To-Date Per Election for Office Sought 10222.14
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 6839.12
(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.

Marston, Chris, ,

[Electronically Filed]

Date 07 / 17 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STATE CONSERVATIVE REFORM ACTION PAC (SCRAP)
FEC IDENTIFICATION NUMBER C C00566372

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

Full Name of Payee RoboCent, Inc.
Mailing Address 2129 General Booth Blvd Ste 103-277
City Virginia Beach State VA Zip Code 23454
Purpose of Expenditure Voter Telephone Contact (24-Hour Report Estimated as \$3,000)
Date of Public Distribution/Dissemination 06/11/2018
Amount 2613.18
Transaction ID : SE.4311
Date of Disbursement or Obligation 06/11/2018
Name of Federal Candidate: LURIA, ELAINE, , ,
Office Sought: House District: 02 State: VA
Disbursement For: Primary 2018

Full Name of Payee Strategic Partners & Media, Inc
Mailing Address 1851A McGuckian St
City Annapolis State MD Zip Code 21401
Purpose of Expenditure Digital Advertising (ESTIMATE)
Date of Public Distribution/Dissemination 06/11/2018
Amount 1500.00
Transaction ID : SE.4312
Date of Disbursement or Obligation 06/12/2018
Name of Federal Candidate: LURIA, ELAINE, , ,
Office Sought: House District: 02 State: VA
Disbursement For: Primary 2018

(a) SUBTOTAL of Itemized Independent Expenditures 4113.18
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 13903.56

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.

Marston, Chris, ,

[Electronically Filed]

Date 07/17/2018

Signature