

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 First State Strong

ADDRESS (number and street) P.O. Box 9632 Check if different than previously reported. (ACC) Wilmington DE 19809

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00632109 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 Report (MY), Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 / 01 / 2017 through 06 / 30 / 2017

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

Signature of Treasurer Finnigan, Michael, D, , [Electronically Filed] Date 07 / 21 / 2017

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

First State Strong

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="2017"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="739963.13"/>	<input type="text" value="739963.13"/>
(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="739963.13"/>	<input type="text" value="739963.13"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="651171.12"/>	<input type="text" value="651171.12"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="88792.01"/>	<input type="text" value="88792.01"/>
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="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

First State Strong

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2017

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).....	27300.00	27300.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	27300.00	27300.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	712642.94	712642.94
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	739942.94	739942.94
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.).....	20.19	20.19
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)).....▶	739963.13	739963.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	739963.13	739963.13

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	49542.94	49542.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	49542.94	49542.94
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)	601628.18	601628.18
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)) ..	651171.12	651171.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	651171.12	651171.12

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)	739942.94	739942.94
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	739942.94	739942.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	49542.94	49542.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	49542.94	49542.94

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
First State Strong

A. Baumbach, Paul, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 Country Hills Drive
 City Newark State DE Zip Code 19711
 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 ▼ 300.00

Date of Receipt 01 / 29 / 2017
Transaction ID : SA11AI.4170
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Coelho, Anthony, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61 Blatimore Avenue #2
 City Rehoboth Beach State DE Zip Code 19974
 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 ▼ 500.00

Date of Receipt 02 / 13 / 2017
Transaction ID : SA11AI.4185
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Gallery, Daniel, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Country Flower Road
 City Newark State DE Zip Code 19711
 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 ▼ 1000.00

Date of Receipt 02 / 02 / 2017
Transaction ID : SA11AI.4176
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1800.00
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 7 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
First State Strong

A. Gore, Sarah, I, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address C/O Powermill Financial Solutions
 P.O. Box 175
 City Montchanin State DE Zip Code 19710
 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 ▼ 1000.00

Date of Receipt 02 / 14 / 2017
Transaction ID : SA11AI.4187
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Houghton, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 212 Clover Drive
 City Hockessin State DE Zip Code 19707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 02 / 11 / 2017
Transaction ID : SA11AI.4183
 Amount of Each Receipt this Period 1500.00
 Memo Item

C. Jaffe, Rebecca, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 545
 City Montchanin State DE Zip Code 19710
 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 ▼ 5000.00

Date of Receipt 02 / 16 / 2017
Transaction ID : SA11AI.4189
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 7500.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
First State Strong

A. Johnston, William, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 151 Christina Landing Drive
 City Wilmington State DE Zip Code 19801
 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 ▼ 1000.00

Date of Receipt 01 / 26 / 2017
Transaction ID : SA11AI.4172
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Matthews, Raven, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2517 Justin Lane
 City Wilmington State DE Zip Code 19810
 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 ▼ 1000.00

Date of Receipt 01 / 18 / 2017
Transaction ID : SA11AI.4168
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. McBride, Sally, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2316 W. 17th Street
 City Wilmington State DE Zip Code 19806
 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 ▼ 5000.00

Date of Receipt 01 / 27 / 2017
Transaction ID : SA11AI.4179
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 7000.00
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 9 OF 49
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
First State Strong

A. Patton, Kathleen, Long, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 123 Greenspring Road
 City Wilmington State DE Zip Code 19807
 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 ▼
 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2017
Transaction ID : SA11AI.4181
 Amount of Each Receipt this Period
 10000.00
 Memo Item

B. Sheridan, Thomas, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1836 Vernon Street NW
 City Washington State DC Zip Code 20009
 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 ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2017
Transaction ID : SA11AI.4174
 Amount of Each Receipt this Period
 1000.00
 Memo Item

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	11000.00
TOTAL This Period (last page this line number only).....	27300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 49
<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)
First State Strong

A. AFSCME
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1625 L Street NW

City Washington	State DC	Zip Code 20036
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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 ▼
25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2017

Transaction ID : SA11C.4150

Amount of Each Receipt this Period
25000.00

Memo Item

B. AFSCME
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1625 L Street NW

City Washington	State DC	Zip Code 20036
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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 ▼
27500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2017

Transaction ID : SA11C.4152

Amount of Each Receipt this Period
2500.00

Memo Item

C. American Dream Fund PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 25 West 18th Street
15th Floor

City New York	State NY	Zip Code 10011
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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 ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2017

Transaction ID : SA11C.4298

Amount of Each Receipt this Period
10000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	37500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 49
<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)
First State Strong

A. Astellas Pharma US Inc. State Campaign Contribution Fd

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

Mailing Address One Astellas Way

City Northbrook	State IL	Zip Code 60062
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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 ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2017

Transaction ID : SA11C.4134

Amount of Each Receipt this Period
2500.00

Memo Item

B. AT&T Services, Inc

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

Mailing Address One AT&T Way
Room 3B103F

City Bedminster	State NJ	Zip Code 07921
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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 ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : SA11C.4148

Amount of Each Receipt this Period
2500.00

Memo Item

C. Committee To Elect John J Viola

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

Mailing Address 9 Orangeburg Court

City Newark	State DE	Zip Code 19702
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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 ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		19		2017

Transaction ID : SA11C.4107

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	10000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 49
<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)
First State Strong

A. Committee Elect Helene Keeley
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. Box 2716

City Wilmington	State DE	Zip Code 19805
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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 ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11C.4128

Amount of Each Receipt this Period
1500.00

Memo Item

B. Committee To Elect Brian Bushweller
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 103 Burning Tree Road

City Dover	State DE	Zip Code 19904
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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 ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	11	/	2017

Transaction ID : SA11C.4108

Amount of Each Receipt this Period
2500.00

Memo Item

C. Committee To Re-Elect Davide McBride
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 7 Nicole Court

City New Castle	State DE	Zip Code 19720
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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 ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	11	/	2017

Transaction ID : SA11C.4145

Amount of Each Receipt this Period
10000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	14000.00
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 13 OF 49
<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)
First State Strong

A. DSEA Advocacy Fund

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

Mailing Address 136 E Water Street

City Dover	State DE	Zip Code 19901
---------------	-------------	-------------------

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

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

Receipt For: 2017
 Primary General
 Other (specify) ▼
 Special-General

Aggregate Year-to-Date ▼
24042.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		06		2017

Transaction ID : SA11C.4277

Amount of Each Receipt this Period
20293.81

Memo Item
In-kind -

B. DSEA Advocacy Fund

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

Mailing Address 136 E Water Street

City Dover	State DE	Zip Code 19901
---------------	-------------	-------------------

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 ▼
3749.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		06		2017

Transaction ID : SA11C.4278

Amount of Each Receipt this Period
3749.13

Memo Item
In-kind -

C. DSEA Advocacy Fund

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

Mailing Address 136 E Water Street

City Dover	State DE	Zip Code 19901
---------------	-------------	-------------------

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 ▼
49542.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		23		2017

Transaction ID : SA11C.4273

Amount of Each Receipt this Period
25500.00

Memo Item
In-kind -

SUBTOTAL of Receipts This Page (optional).....	49542.94
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 15 OF 49
<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)
First State Strong

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Ennis Senate Campaign Committee

Mailing Address 522 Smyrna Clayton Blvd

City Smyrna	State DE	Zip Code 19977
----------------	-------------	-------------------

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 ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	17	/	2017

Transaction ID : SA11C.4130

Amount of Each Receipt this Period
2500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Everytown For Gun Safety

Mailing Address P.O. Box 4184

City New York	State NY	Zip Code 10163
------------------	-------------	-------------------

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 ▼
15000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2017

Transaction ID : SA11C.4153

Amount of Each Receipt this Period
15000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Friends for Debra Heffernan

Mailing Address 18 Gristmill Court

City Wilmington	State DE	Zip Code 19803
--------------------	-------------	-------------------

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 ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2017

Transaction ID : SA11C.4112

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	20000.00
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 49
(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)
First State Strong

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Friends of Margaret Rose Henry

Mailing Address 197 Christina Landing Drive

City Wilmington	State DE	Zip Code 19801
--------------------	-------------	-------------------

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 ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2017

Transaction ID : SA11C.4122

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 315 Wheatsheaf

City New Castle	State DE	Zip Code 19720
--------------------	-------------	-------------------

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 ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	11	/	2017

Transaction ID : SA11C.4142

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 315 Wheatsheaf

City New Castle	State DE	Zip Code 19720
--------------------	-------------	-------------------

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 ▼
3100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2017

Transaction ID : SA11C.4118

Amount of Each Receipt this Period
3100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	8100.00
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 17 OF 49
<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)
First State Strong

A. Friends of Quinn Johnson
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 151 Back Creek Drive

City Middletown	State DE	Zip Code 19709
--------------------	-------------	-------------------

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 ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2017

Transaction ID : SA11C.4120

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address P.O. Box 78

City Jamesburg	State NJ	Zip Code 08831
-------------------	-------------	-------------------

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 ▼
225000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	07	/	2017

Transaction ID : SA11C.4271

Amount of Each Receipt this Period
225000.00

Memo Item

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

Mailing Address P.O. Box 9520

City Wilmington	State DE	Zip Code 19809
--------------------	-------------	-------------------

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 ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	22	/	2017

Transaction ID : SA11C.4165

Amount of Each Receipt this Period
10000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	237500.00
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 18 OF 49
<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)
First State Strong

A. IBEW LU 313 PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 814 W. Basin Road

City New Castle	State DE	Zip Code 19720
--------------------	-------------	-------------------

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 ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2017

Transaction ID : SA11C.4132

Amount of Each Receipt this Period
2500.00

Memo Item

B. IBEW PAC Education Fund
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 900 Seventh Street NW

City Washington	State DC	Zip Code 20001
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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 ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2017

Transaction ID : SA11C.4136

Amount of Each Receipt this Period
5000.00

Memo Item

C. John Carney for Congress
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. Box 2162

City Wilmington	State DE	Zip Code 19899
--------------------	-------------	-------------------

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 ▼
30000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2017

Transaction ID : SA11C.4114

Amount of Each Receipt this Period
30000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	37500.00
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 49
(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)
First State Strong

A. Kim Williams for State Representative

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

Mailing Address 23 Weer Circle

City Wilmington	State DE	Zip Code 19808
--------------------	-------------	-------------------

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	02	/	2017

Transaction ID : SA11C.4126

Amount of Each Receipt this Period
1000.00

Memo Item

B. League of Conservation Voters

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

Mailing Address 1920 L Street NW

City Washington	State DC	Zip Code 20036
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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 ▼
25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2017

Transaction ID : SA11C.4157

Amount of Each Receipt this Period
25000.00

Memo Item

C. Legislative Majority PAC

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

Mailing Address 1225 Eye Street Suite 1250

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

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 ▼
25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2017

Transaction ID : SA11C.4163

Amount of Each Receipt this Period
25000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	51000.00
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 20 OF 49
<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)
First State Strong

A. National Wildlife Federation Action Fund

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

Mailing Address 1990 K Street NW

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

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 ▼
15000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2017

Transaction ID : SA11C.4161

Amount of Each Receipt this Period
15000.00

Memo Item

B. Peiople for McDowell

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

Mailing Address 18 Gristmill Court

City Wilmington	State DE	Zip Code 19803
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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 ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2017

Transaction ID : SA11C.4110

Amount of Each Receipt this Period
2500.00

Memo Item

C. Service Employees Intl Union

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

Mailing Address 1800 Massachusetts Avenue NW

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

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 ▼
25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2017

Transaction ID : SA11C.4155

Amount of Each Receipt this Period
25000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	42500.00
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 21 OF 49
<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)
First State Strong

A. Sheet Metal Workers Political Action League

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

Mailing Address 1750 New York Avenue NW

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

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 ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2017

Transaction ID : SA11C.4140

Amount of Each Receipt this Period
5000.00

Memo Item

B. Sheet Metal Workers Union Local 19

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

Mailing Address 1301 S. Delaware Avenue

City Philadelphia	State PA	Zip Code 19147
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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 ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2017

Transaction ID : SA11C.4138

Amount of Each Receipt this Period
5000.00

Memo Item

C. Sokola for Senage

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

Mailing Address 24 Beech Hill Drive

City Newark	State DE	Zip Code 19711
----------------	-------------	-------------------

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 ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2017

Transaction ID : SA11C.4116

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	12500.00
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 22 OF 49
<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)
First State Strong

A. The NEA Fund for Children and Public Education

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

Mailing Address 1201 16th Street NW
Suite 418

City Washington State DC Zip Code 20036

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 ▼
25000.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2017

Transaction ID : SA11C.4124

Amount of Each Receipt this Period
25000.00

Memo Item

B. Walsh for the 9th

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

Mailing Address 2607 Belaire Drive

City Wilmington State DE Zip Code 19808

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 ▼
2500.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2017

Transaction ID : SA11C.4103

Amount of Each Receipt this Period
2500.00

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	27500.00
TOTAL This Period (last page this line number only).....▶	712642.94

**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)
First State Strong

A. DSEA Advocacy Fund

Full Name (Last, First, Middle Initial)
Mailing Address 136 E Water Street

City Dover State DE Zip Code 19901

Purpose of Disbursement In-kind - Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 01 / 06 / 2017

FEC Identification Number: C
Transaction ID : SB21B.4279
Amount of Each Disbursement this Period: 3749.13

Memo Item

B. DSEA Advocacy Fund

Full Name (Last, First, Middle Initial)
Mailing Address 136 E Water Street

City Dover State DE Zip Code 19901

Purpose of Disbursement In-kind - Category/Type

Candidate Name
Hansen, Stephanie, , ,

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) Special-General

State: District:

Date of Disbursement: 01 / 06 / 2017

FEC Identification Number: C
Transaction ID : SB21B.4280
Amount of Each Disbursement this Period: 20293.81

Memo Item

C. DSEA Advocacy Fund

Full Name (Last, First, Middle Initial)
Mailing Address 136 E Water Street

City Dover State DE Zip Code 19901

Purpose of Disbursement In-kind - Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 01 / 23 / 2017

FEC Identification Number: C
Transaction ID : SB21B.4275
Amount of Each Disbursement this Period: 25500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	49542.94
TOTAL This Period (last page this line number only).....▶	49542.94

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

NAME OF COMMITTEE (In Full) First State Strong	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00632109 </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 Finnigan, Michael, D, ,	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y						
Mailing Address 18 Gristmill Court	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 5000.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City</td> <td style="width:33%; border-bottom: 1px solid black;">State</td> <td style="width:33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td>Wilmington</td> <td>DE</td> <td>19803</td> </tr> </table>		City	State	Zip Code	Wilmington	DE	19803
City		State	Zip Code				
Wilmington	DE	19803					
Purpose of Expenditure Category/Type 001							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Hansen, Stephanie, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought 5000.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>						

Full Name of Payee <input type="checkbox"/> Memo Item Gumbinner & Davies	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y						
Mailing Address 2001 S Street NW Suite 301	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 8297.02 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City</td> <td style="width:33%; border-bottom: 1px solid black;">State</td> <td style="width:33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20009</td> </tr> </table>		City	State	Zip Code	Washington	DC	20009
City		State	Zip Code				
Washington	DC	20009					
Purpose of Expenditure Category/Type 004							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Hansen, Stephanie, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought 8297.02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 13297.02 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </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.

Finnigan, Michael, D, ,

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
07 / 21 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
First State Strong
FEC IDENTIFICATION NUMBER
C C00632109

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

Full Name of Payee Gumbinner & Davies
Mailing Address 2001 S Street NW Suite 301
City Washington State DC Zip Code 20009
Purpose of Expenditure Category/Type 004
Date of Public Distribution/Dissemination 02/08/2017
Amount 7758.37
Transaction ID: SE.4230
Date of Disbursement or Obligation 02/08/2017

Name of Federal Candidate: Hansen, Stephanie, ,
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought 7758.37
Disbursement For: Primary General
Other (specify) Special-General

Full Name of Payee Gumbinner & Davies
Mailing Address 2001 S Street NW Suite 301
City Washington State DC Zip Code 20009
Purpose of Expenditure Category/Type 004
Date of Public Distribution/Dissemination 02/09/2017
Amount 15516.74
Transaction ID: SE.4214
Date of Disbursement or Obligation 02/09/2017

Name of Federal Candidate: Hansen, Stephanie, ,
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought 15516.74
Disbursement For: Primary General
Other (specify) Special-General

(a) SUBTOTAL of Itemized Independent Expenditures 23275.11
(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.

Finnigan, Michael, D, ,

[Electronically Filed]

Date

07/21/2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
First State Strong
FEC IDENTIFICATION NUMBER
C C00632109

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

Full Name of Payee
Gumbinner & Davies
Mailing Address
2001 S Street NW
Suite 301
City
Washington
State
DC
Zip Code
20009
Purpose of Expenditure
Category/Type
004

Date of Public Distribution/Dissemination
02 / 09 / 2017
Amount
7758.37
Transaction ID : SE.4234
Date of Disbursement or Obligation
02 / 09 / 2017

Name of Federal Candidate:
Hansen, Stephanie, ,
Support
Office Sought:
House
District:
President
Senate
State:

Disbursement For:
Primary
General
Other (specify)
Special-General

Full Name of Payee
Gumbinner & Davies
Mailing Address
2001 S Street NW
Suite 301
City
Washington
State
DC
Zip Code
20009
Purpose of Expenditure
Category/Type
004

Date of Public Distribution/Dissemination
02 / 10 / 2017
Amount
6679.57
Transaction ID : SE.4235
Date of Disbursement or Obligation
02 / 10 / 2017

Name of Federal Candidate:
Hansen, Stephanie, ,
Support
Office Sought:
House
District:
President
Senate
State:

Disbursement For:
Primary
General
Other (specify)
Special-General

(a) SUBTOTAL of Itemized Independent Expenditures 14437.94
(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.

Finnigan, Michael, D. , [Electronically Filed] Date 07 / 21 / 2017
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
First State Strong
FEC IDENTIFICATION NUMBER
C C00632109

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

Full Name of Payee Gumbinner & Davies
Mailing Address 2001 S Street NW Suite 301
City Washington State DC Zip Code 20009
Purpose of Expenditure Category/Type 004
Date of Public Distribution/Dissemination 02/09/2017
Amount 4529.02
Transaction ID : SE.4217
Date of Disbursement or Obligation 02/14/2017

Name of Federal Candidate: Hansen, Stephanie, ,
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought 4529.02
Disbursement For: Primary General
Other (specify) Special-General

Full Name of Payee Gumbinner & Davies
Mailing Address 2001 S Street NW Suite 301
City Washington State DC Zip Code 20009
Purpose of Expenditure Category/Type 004
Date of Public Distribution/Dissemination 02/18/2017
Amount 7679.57
Transaction ID : SE.4239
Date of Disbursement or Obligation 02/14/2017

Name of Federal Candidate: Hansen, Stephanie, ,
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought 7679.57
Disbursement For: Primary General
Other (specify) Special-General

(a) SUBTOTAL of Itemized Independent Expenditures 12208.59
(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.

Finnigan, Michael, D, ,

[Electronically Filed]

Date 07/21/2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
First State Strong
FEC IDENTIFICATION NUMBER
C C00632109

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

Full Name of Payee Gumbinner & Davies
Mailing Address 2001 S Street NW Suite 301
City Washington State DC Zip Code 20009
Purpose of Expenditure Category/Type 004
Date of Public Distribution/Dissemination 02/16/2017
Amount 19968.16
Transaction ID: SE.4242
Date of Disbursement or Obligation 02/16/2017

Name of Federal Candidate: Hansen, Stephanie, ,
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought 19968.16
Disbursement For: Primary General
Other (specify) Special-General

Full Name of Payee Gumbinner & Davies
Mailing Address 2001 S Street NW Suite 301
City Washington State DC Zip Code 20009
Purpose of Expenditure Category/Type 001
Date of Public Distribution/Dissemination 02/22/2017
Amount 8759.57
Transaction ID: SE.4254
Date of Disbursement or Obligation 02/22/2017

Name of Federal Candidate: Hansen, Stephanie, ,
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought 8759.57
Disbursement For: Primary General
Other (specify) Special-General

(a) SUBTOTAL of Itemized Independent Expenditures 28727.73
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Finnigan, Michael, D.,
Signature

[Electronically Filed]

Date 07/21/2017

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

NAME OF COMMITTEE (In Full) First State Strong	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00632109 </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 Gumbinner & Davies		
Mailing Address 2001 S Street NW Suite 301		
City Washington	State DC	Zip Code 20009
Purpose of Expenditure		Category/Type 004

Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 03 / 2017
Amount M M M M . 00 4600.00
Transaction ID : SE.4260 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 03 / 2017

Name of Federal Candidate: Hansen, Stephanie, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought M M M M . 00 4600.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2017 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>

Full Name of Payee <input type="checkbox"/> Memo Item Piceno LLC		
Mailing Address 2208 Highland Place		
City Wilmington	State DE	Zip Code 19805
Purpose of Expenditure		Category/Type 001

Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Amount M M M M . 00 7500.00
Transaction ID : SE.4295 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 09 / 2017

Name of Federal Candidate: Hansen, Stephanie, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought M M M M . 00 7500.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2017 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>

(a) SUBTOTAL of Itemized Independent Expenditures ▶	M M M M . 00 12100.00
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	M M M M . 00
(c) TOTAL Independent Expenditures ▶	M M M M . 00

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

Finnigan, Michael, D, , *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y
07 / 21 / 2017

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
First State Strong
FEC IDENTIFICATION NUMBER
C C00632109

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

Full Name of Payee
Rapid Forms
Mailing Address
301 Grove Road
City
Thorofare State
NJ Zip Code
08086
Purpose of Expenditure
Category/Type
001
Date of Public Distribution/Dissemination
Amount
13.25
Transaction ID : SE.4219
Date of Disbursement or Obligation
01 / 24 / 2017

Name of Federal Candidate:
Hansen, Stephanie, ,
Support Oppose
Office Sought:
House District:
President Senate State:
Calendar Year-To-Date
Per Election for Office Sought
13.25
Disbursement For:
Primary General
Other (specify)
Special-General

Full Name of Payee
Rapid Forms
Mailing Address
301 Grove Road
City
Thorofare State
NJ Zip Code
08086
Purpose of Expenditure
Category/Type
001
Date of Public Distribution/Dissemination
Amount
41.99
Transaction ID : SE.4210
Date of Disbursement or Obligation
02 / 08 / 2017

Name of Federal Candidate:
Hansen, Stephanie, ,
Support Oppose
Office Sought:
House District:
President Senate State:
Calendar Year-To-Date
Per Election for Office Sought
41.99
Disbursement For:
Primary General
Other (specify)
Special-General

(a) SUBTOTAL of Itemized Independent Expenditures
55.24
(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.

Finnigan, Michael, D. ,
Signature

[Electronically Filed]

Date
07 / 21 / 2017

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
First State Strong
FEC IDENTIFICATION NUMBER
C C00632109

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

Full Name of Payee
Stones Phones
Mailing Address
41-750 Rancho Las Palmas Drive
Suite E-3
City
Rancho Mirage
State
CA
Zip Code
92270
Purpose of Expenditure
Category/Type
005
Date of Public Distribution/Dissemination
Amount
4116.14
Transaction ID : SE.4226
Date of Disbursement or Obligation
02 / 06 / 2017

Name of Federal Candidate:
Hansen, Stephanie, ,
Support
Oppose
Office Sought:
House
Senate
State:
Disbursement For:
Primary
General
Other (specify)
Special-General

Full Name of Payee
Stones Phones
Mailing Address
41-750 Rancho Las Palmas Drive
Suite E-3
City
Rancho Mirage
State
CA
Zip Code
92270
Purpose of Expenditure
Category/Type
005
Date of Public Distribution/Dissemination
Amount
924.56
Transaction ID : SE.4247
Date of Disbursement or Obligation
02 / 17 / 2017

Name of Federal Candidate:
Hansen, Stephanie, ,
Support
Oppose
Office Sought:
House
Senate
State:
Disbursement For:
Primary
General
Other (specify)
Special-General

(a) SUBTOTAL of Itemized Independent Expenditures 5040.70
(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.

Finnigan, Michael, D, ,

[Electronically Filed]

Date

07 / 21 / 2017

Signature

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

NAME OF COMMITTEE (In Full) First State Strong	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00632109 </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 Stones Phones		
Mailing Address 41-750 Rancho Las Palmas Drive Suite E-3		
City Rancho Mirage	State CA	Zip Code 92270
Purpose of Expenditure		Category/Type 005

Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2908.75</div>
Transaction ID : SE.4261 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 03 / 2017

Name of Federal Candidate: Hansen, Stephanie, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2908.75	

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: _____
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>

Full Name of Payee <input type="checkbox"/> Memo Item The New Media Group		
Mailing Address 1730 Rhode Island Avenue NW Suite 213		
City Washington	State DC	Zip Code 20036
Purpose of Expenditure		Category/Type 004

Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">56750.00</div>
Transaction ID : SE.4225 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 06 / 2017

Name of Federal Candidate: Hansen, Stephanie, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 56750.00	

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: _____
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">59658.75</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.

Finnigan, Michael, D, , **[Electronically Filed]**
 Signature

Date M M / D D / Y Y Y Y Y Y
07 / 21 / 2017

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
First State Strong
FEC IDENTIFICATION NUMBER
C C00632109

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

Full Name of Payee
The New Media Group
Mailing Address
1730 Rhode Island Avenue NW
Suite 213
City
Washington State
DC Zip Code
20036
Purpose of Expenditure
Category/Type
004
Date of Public Distribution/Dissemination
Amount
12000.00
Transaction ID : SE.4212
Date of Disbursement or Obligation
02 / 09 / 2017

Name of Federal Candidate:
Hansen, Stephanie, ,
Support
Oppose
Office Sought:
House
Senate
District:
State:
Calendar Year-To-Date
Per Election for Office Sought
12000.00
Disbursement For:
Primary
General
Other (specify)
Special-General

Full Name of Payee
The New Media Group
Mailing Address
1730 Rhode Island Avenue NW
Suite 213
City
Washington State
DC Zip Code
20036
Purpose of Expenditure
Category/Type
004
Date of Public Distribution/Dissemination
Amount
12000.00
Transaction ID : SE.4216
Date of Disbursement or Obligation
02 / 09 / 2017

Name of Federal Candidate:
Hansen, Stephanie, ,
Support
Oppose
Office Sought:
House
Senate
District:
State:
Calendar Year-To-Date
Per Election for Office Sought
12000.00
Disbursement For:
Primary
General
Other (specify)
Special-General

(a) SUBTOTAL of Itemized Independent Expenditures
24000.00
(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.

Finnigan, Michael, D, ,

[Electronically Filed]

Date
07 / 21 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
First State Strong
FEC IDENTIFICATION NUMBER
C C00632109

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

Full Name of Payee: The New Media Group
Mailing Address: 1730 Rhode Island Avenue NW, Suite 213, Washington, DC 20036
Purpose of Expenditure: Category/Type 004
Date of Public Distribution/Dissemination: Amount 55725.00
Transaction ID: SE.4233
Date of Disbursement or Obligation: 02/09/2017

Name of Federal Candidate: Hansen, Stephanie, , Support
Office Sought: House, District:
Disbursement For: Other (specify) Special-General
Calendar Year-To-Date Per Election for Office Sought: 55725.00

Full Name of Payee: The New Media Group
Mailing Address: 1730 Rhode Island Avenue NW, Suite 213, Washington, DC 20036
Purpose of Expenditure: Category/Type 004
Date of Public Distribution/Dissemination: Amount 160236.81
Transaction ID: SE.4248
Date of Disbursement or Obligation: 02/17/2017

Name of Federal Candidate: Hansen, Stephanie, , Support
Office Sought: House, District:
Disbursement For: Other (specify) Special-General
Calendar Year-To-Date Per Election for Office Sought: 160236.81

(a) SUBTOTAL of Itemized Independent Expenditures: 215961.81
(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.

Finnigan, Michael, D.,

[Electronically Filed]

Date 07/21/2017

Signature

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

NAME OF COMMITTEE (In Full) First State Strong	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00632109 </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 The New Media Group	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address 1730 Rhode Island Avenue NW Suite 213	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 97784.00 </div>
City Washington State DC Zip Code 20036	Transaction ID : SE.4255 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 02 / 22 / 2017 </div>
Purpose of Expenditure Category/Type 004	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Hansen, Stephanie, , , Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 97784.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2017 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>

Full Name of Payee <input type="checkbox"/> Memo Item The New Media Group	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address 1730 Rhode Island Avenue NW Suite 213	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11000.00 </div>
City Washington State DC Zip Code 20036	Transaction ID : SE.4218 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 02 / 24 / 2017 </div>
Purpose of Expenditure Category/Type 004	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Hansen, Stephanie, , , Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 11000.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2017 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 108784.00 </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>

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Finnigan, Michael, D. ,

[Electronically Filed]

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

07 / 21 / 2017

Signature

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

NAME OF COMMITTEE (In Full) First State Strong	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00632109 </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 The New Media Group	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y			
Mailing Address 1730 Rhode Island Avenue NW Suite 213	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">40847.69</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Washington</td> <td style="width:17%; padding: 2px;">State DC</td> <td style="width:50%; padding: 2px;">Zip Code 20036</td> </tr> </table>		City Washington	State DC	Zip Code 20036
City Washington		State DC	Zip Code 20036	
Purpose of Expenditure Category/Type 004				
Name of Federal Candidate: Hansen, Stephanie, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: _____			
Calendar Year-To-Date Per Election for Office Sought 40847.69	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>			

Full Name of Payee <input type="checkbox"/> Memo Item The New Media Group	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y			
Mailing Address 1730 Rhode Island Avenue NW Suite 213	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">32905.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Washington</td> <td style="width:17%; padding: 2px;">State DC</td> <td style="width:50%; padding: 2px;">Zip Code 20036</td> </tr> </table>		City Washington	State DC	Zip Code 20036
City Washington		State DC	Zip Code 20036	
Purpose of Expenditure Category/Type 004				
Name of Federal Candidate: Hansen, Stephanie, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: _____			
Calendar Year-To-Date Per Election for Office Sought 32905.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">73752.69</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.

Finnigan, Michael, D, , *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y 07 / 21 / 2017
 Signature

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

NAME OF COMMITTEE (In Full) First State Strong	FEC IDENTIFICATION NUMBER ▼ C C00632109
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item The Wolfhound Group LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1619*2 Coastal Highway	Amount <input type="text"/> 10000.00
City Lewes State DE Zip Code 19958	
Purpose of Expenditure	Transaction ID : SE.4268 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Hansen, Stephanie, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 10000.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>

Full Name of Payee <input type="checkbox"/> Memo Item USPS	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 4901 Governor Printz Blvd	Amount <input type="text"/> 9.55
City Wilmington State DE Zip Code 19809	
Purpose of Expenditure	Transaction ID : SE.4222 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Hansen, Stephanie, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 9.55	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 10009.55
(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.

Finnigan, Michael, D. ,

[Electronically Filed]

Date 07 / 21 / 2017

Signature

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

NAME OF COMMITTEE (In Full) First State Strong	FEC IDENTIFICATION NUMBER ▼ C C00632109
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item USPS	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 4901 Governor Printz Blvd	Amount <input type="text"/> 19.95 Transaction ID : SE.4229 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Wilmington DE 19809	
Purpose of Expenditure Category/Type <input type="text"/> 001	
Name of Federal Candidate: Hansen, Stephanie, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 19.95	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2017 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>

Full Name of Payee <input type="checkbox"/> Memo Item USPS	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 4901 Governor Printz Blvd	Amount <input type="text"/> 6.65 Transaction ID : SE.4231 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Wilmington DE 19809	
Purpose of Expenditure Category/Type <input type="text"/> 001	
Name of Federal Candidate: Hansen, Stephanie, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 6.65	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2017 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 26.60
(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.

Finnigan, Michael, D. ,

[Electronically Filed]

Date 07 / 21 / 2017

Signature

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

NAME OF COMMITTEE (In Full) First State Strong	FEC IDENTIFICATION NUMBER ▼ C C00632109
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item USPS	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 4901 Governor Printz Blvd	Amount <input type="text"/> 6.65 Transaction ID : SE.4232 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Wilmington DE 19809	
Purpose of Expenditure Category/Type <input type="text"/> 001	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Hansen, Stephanie, , ,	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 6.65	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2017 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>

Full Name of Payee <input type="checkbox"/> Memo Item USPS	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 4901 Governor Printz Blvd	Amount <input type="text"/> 6.65 Transaction ID : SE.4237 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Wilmington DE 19809	
Purpose of Expenditure Category/Type <input type="text"/> 001	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Hansen, Stephanie, , ,	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 6.65	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2017 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 13.30
(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.

Finnigan, Michael, D. ,

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Date 07 / 21 / 2017

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

NAME OF COMMITTEE (In Full) First State Strong	FEC IDENTIFICATION NUMBER ▼ C C00632109
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item USPS	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 4901 Governor Printz Blvd	Amount <input type="text"/> 6.65
City Wilmington State DE Zip Code 19809	Transaction ID : SE.4241 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Category/Type <input type="text"/> 001	<input type="text"/> 02 / <input type="text"/> 16 / <input type="text"/> 2017
Name of Federal Candidate: Hansen, Stephanie, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 6.65	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2017 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>

Full Name of Payee <input type="checkbox"/> Memo Item USPS	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 4901 Governor Printz Blvd	Amount <input type="text"/> 6.65
City Wilmington State DE Zip Code 19809	Transaction ID : SE.4246 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Category/Type <input type="text"/> 001	<input type="text"/> 02 / <input type="text"/> 17 / <input type="text"/> 2017
Name of Federal Candidate: Hansen, Stephanie, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 6.65	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2017 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 13.30
(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.

Finnigan, Michael, D. ,

[Electronically Filed]

Date 07 / 21 / 2017

Signature

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

NAME OF COMMITTEE (In Full) First State Strong	FEC IDENTIFICATION NUMBER ▼ C C00632109
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item USPS	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 4901 Governor Printz Blvd	Amount <input type="text"/> 13.30
City State Zip Code Wilmington DE 19809	Transaction ID : SE.4251 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Category/Type <input type="text"/> 001	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Hansen, Stephanie, , ,	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 13.30	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2017 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>

Full Name of Payee <input type="checkbox"/> Memo Item USPS	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 4901 Governor Printz Blvd	Amount <input type="text"/> 6.65
City State Zip Code Wilmington DE 19809	Transaction ID : SE.4252 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Category/Type <input type="text"/> 001	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Hansen, Stephanie, , ,	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 6.65	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2017 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 19.95
(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.

Finnigan, Michael, D. , [Electronically Filed]
Signature Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
First State Strong
FEC IDENTIFICATION NUMBER
C C00632109

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

Full Name of Payee
USPS
Mailing Address
4901 Governor Printz Blvd
City
Wilmington State
DE Zip Code
19809
Purpose of Expenditure
Category/Type
001
Date of Public Distribution/Dissemination
Amount
6.65
Transaction ID : SE.4253
Date of Disbursement or Obligation
02 / 22 / 2017

Name of Federal Candidate:
Hansen, Stephanie, ,
Support
Oppose
Office Sought:
House
Senate
State:
Disbursement For:
Primary
General
Other (specify)
Special-General

Full Name of Payee
USPS
Mailing Address
4901 Governor Printz Blvd
City
Wilmington State
DE Zip Code
19809
Purpose of Expenditure
Category/Type
001
Date of Public Distribution/Dissemination
Amount
6.65
Transaction ID : SE.4256
Date of Disbursement or Obligation
02 / 23 / 2017

Name of Federal Candidate:
Hansen, Stephanie, ,
Support
Oppose
Office Sought:
House
Senate
State:
Disbursement For:
Primary
General
Other (specify)
Special-General

(a) SUBTOTAL of Itemized Independent Expenditures 13.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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Finnigan, Michael, D, ,

[Electronically Filed]

Date 07 / 21 / 2017

Signature

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

NAME OF COMMITTEE (In Full) First State Strong	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00632109 </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 USPS	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address 4901 Governor Printz Blvd	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6.65 </div>
City State Zip Code Wilmington DE 19809	Transaction ID : SE.4263 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 06 / 2017
Purpose of Expenditure Category/Type 001	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Hansen, Stephanie, , , Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought 6.65	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2017 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>

Full Name of Payee <input type="checkbox"/> Memo Item USPS	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address 4901 Governor Printz Blvd	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 13.30 </div>
City State Zip Code Wilmington DE 19809	Transaction ID : SE.4258 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 03 / 2017
Purpose of Expenditure Category/Type 001	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Hansen, Stephanie, , , Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought 13.30	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2017 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 19.95 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 20px;"> </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 20px;"> </div>

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Finnigan, Michael, D, ,

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
07 / 21 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
First State Strong
FEC IDENTIFICATION NUMBER
C C00632109

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

Full Name of Payee
USPS
Mailing Address
4901 Governor Printz Blvd
City
Wilmington State
DE Zip Code
19809
Purpose of Expenditure
Category/Type
001

Date of Public Distribution/Dissemination
Amount
6.65
Transaction ID : SE.4264
Date of Disbursement or Obligation
06 / 06 / 2017

Name of Federal Candidate:
Hansen, Stephanie, ,
Support
Office Sought:
House
District:
President
Senate
State:

Disbursement For:
Primary
General
Other (specify)
Special-General

Full Name of Payee
USPS
Mailing Address
4901 Governor Printz Blvd
City
Wilmington State
DE Zip Code
19809
Purpose of Expenditure
Category/Type
001

Date of Public Distribution/Dissemination
Amount
56.00
Transaction ID : SE.4270
Date of Disbursement or Obligation
06 / 08 / 2017

Name of Federal Candidate:
Hansen, Stephanie, ,
Support
Office Sought:
House
District:
President
Senate
State:

Disbursement For:
Primary
General
Other (specify)
Special-General

(a) SUBTOTAL of Itemized Independent Expenditures 62.65
(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.

Finnigan, Michael, D. ,
Signature

[Electronically Filed]

Date
07 / 21 / 2017

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

NAME OF COMMITTEE (In Full) First State Strong	FEC IDENTIFICATION NUMBER ▼ C C00632109
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Check if 24-hour report 48-hour report **▶** New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item WSFS	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 300 Deaware Avenue	Amount <input type="text"/> 15.00 Transaction ID : SE.4220 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Wilmington DE 19801	
Purpose of Expenditure Category/Type <input type="text"/> 001	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Hansen, Stephanie, , ,	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 15.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2017 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>

Full Name of Payee <input type="checkbox"/> Memo Item WSFS	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 300 Deaware Avenue	Amount <input type="text"/> 15.00 Transaction ID : SE.4221 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Wilmington DE 19801	
Purpose of Expenditure Category/Type <input type="text"/> 001	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Hansen, Stephanie, , ,	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 15.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2017 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 30.00
(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.

Finnigan, Michael, D. ,

[Electronically Filed]

Date 07 / 21 / 2017

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
First State Strong
FEC IDENTIFICATION NUMBER
C C00632109

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

Full Name of Payee
WSFS
Mailing Address
300 Deaware Avenue
City
Wilmington State
DE Zip Code
19801
Purpose of Expenditure
Category/Type
001

Date of Public Distribution/Dissemination
Amount
15.00
Transaction ID : SE.4228
Date of Disbursement or Obligation
02 / 07 / 2017

Name of Federal Candidate:
Hansen, Stephanie, ,
Support
Oppose
Office Sought:
House
Senate
State:
Disbursement For:
Primary
General
Other (specify)
Special-General

Full Name of Payee
WSFS
Mailing Address
300 Deaware Avenue
City
Wilmington State
DE Zip Code
19801
Purpose of Expenditure
Category/Type
001

Date of Public Distribution/Dissemination
Amount
15.00
Transaction ID : SE.4236
Date of Disbursement or Obligation
02 / 10 / 2017

Name of Federal Candidate:
Hansen, Stephanie, ,
Support
Oppose
Office Sought:
House
Senate
State:
Disbursement For:
Primary
General
Other (specify)
Special-General

(a) SUBTOTAL of Itemized Independent Expenditures 30.00
(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.

Finnigan, Michael, D, ,

[Electronically Filed]

Date 07 / 21 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
First State Strong
FEC IDENTIFICATION NUMBER
C C00632109

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

Full Name of Payee
WSFS
Mailing Address
300 Deaware Avenue
City
Wilmington State
DE Zip Code
19801
Purpose of Expenditure
Category/Type
001

Date of Public Distribution/Dissemination
Amount
15.00
Transaction ID : SE.4238
Date of Disbursement or Obligation
02 / 13 / 2017

Name of Federal Candidate:
Hansen, Stephanie, ,
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
15.00

Office Sought:
House
Senate
State:
Disbursement For:
Primary
General
Other (specify)
Special-General

Full Name of Payee
WSFS
Mailing Address
300 Deaware Avenue
City
Wilmington State
DE Zip Code
19801
Purpose of Expenditure
Category/Type
001

Date of Public Distribution/Dissemination
Amount
15.00
Transaction ID : SE.4240
Date of Disbursement or Obligation
02 / 16 / 2017

Name of Federal Candidate:
Hansen, Stephanie, ,
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
15.00

Office Sought:
House
Senate
State:
Disbursement For:
Primary
General
Other (specify)
Special-General

(a) SUBTOTAL of Itemized Independent Expenditures 30.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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Finnigan, Michael, D, ,

[Electronically Filed]

Date 07 / 21 / 2017

Signature

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

NAME OF COMMITTEE (In Full) First State Strong	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00632109 </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 WSFS	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address 300 Deaware Avenue	Amount 15.00
City State Zip Code Wilmington DE 19801	Transaction ID : SE.4245 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 17 / 2017
Purpose of Expenditure Category/Type 001	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Hansen, Stephanie, , , Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> President <input type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought 15.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2017 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>

Full Name of Payee <input type="checkbox"/> Memo Item WSFS	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address 300 Deaware Avenue	Amount 15.00
City State Zip Code Wilmington DE 19801	Transaction ID : SE.4249 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 21 / 2017
Purpose of Expenditure Category/Type 001	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Hansen, Stephanie, , , Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> President <input type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought 15.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2017 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>

(a) SUBTOTAL of Itemized Independent Expenditures ▶	30.00
(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

 [Electronically Filed]

 Date M M / D D / Y Y Y Y Y Y
 07 / 21 / 2017

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
First State Strong
FEC IDENTIFICATION NUMBER
C C00632109

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

Full Name of Payee WSFS
Mailing Address 300 Deaware Avenue
City Wilmington State DE Zip Code 19801
Purpose of Expenditure Category/Type 001
Date of Public Distribution/Dissemination
Amount 15.00
Transaction ID : SE.4250
Date of Disbursement or Obligation 02/21/2017

Name of Federal Candidate: Hansen, Stephanie, ,
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought 15.00
Disbursement For: Primary General
Other (specify) Special-General

Full Name of Payee WSFS
Mailing Address 300 Deaware Avenue
City Wilmington State DE Zip Code 19801
Purpose of Expenditure Category/Type 001
Date of Public Distribution/Dissemination
Amount 15.00
Transaction ID : SE.4257
Date of Disbursement or Obligation 02/24/2017

Name of Federal Candidate: Hansen, Stephanie, ,
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought 15.00
Disbursement For: Primary General
Other (specify) Special-General

(a) SUBTOTAL of Itemized Independent Expenditures 30.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 601628.18

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.

Finnigan, Michael, D, ,

[Electronically Filed]

Date 07/21/2017

Signature