

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

Win Back Your State PAC

ADDRESS (number and street) PO Box 51284

Check if different than previously reported. (ACC) Washington DC 20091

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

C C00525220

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

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

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

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

5. Covering Period M M / D D / Y Y Y Y Y Y 11 / 27 / 2018 through M M / D D / Y Y Y Y Y Y 12 / 31 / 2018

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

Cadogan, Martin, , Mr.,

Type or Print Name of Treasurer _____

Signature of Treasurer Cadogan, Martin, , Mr., [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 01 / 22 / 2019

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

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

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Win Back Your State PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		58551.30
(b) Cash on Hand at Beginning of Reporting Period.....	7882.39	
(c) Total Receipts (from Line 19)	736.00	202620.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	8618.39	261171.52
7. Total Disbursements (from Line 31).....	6457.14	259010.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2161.25	2161.25
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	2229.32	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

Win Back Your State PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
11 / 27 / 2018 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2018

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).....	350.00	178545.00
(ii) Unitemized	386.00	18075.22
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	736.00	196620.22
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	6000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	736.00	202620.22
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	736.00	202620.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	736.00	202620.22

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	6457.14	207212.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6457.14	207212.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	12250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
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	7400.00
(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	7400.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	32148.00
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)) ..	6457.14	259010.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6457.14	259010.27

DETAILED SUMMARY PAGE
of Disbursements

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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)	736.00	202620.22
34. Total Contribution Refunds (from Line 28(d))	0.00	7400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	736.00	195220.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6457.14	207212.27
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6457.14	207212.27

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

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

FOR LINE NUMBER: PAGE 6 OF 22
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Win Back Your State PAC

A. Dolbow, Edward, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10362 Buglenote Way

City Columbia	State MD	Zip Code 21044-3816
------------------	-------------	------------------------

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

Name of Employer (for Individual) Westat	Occupation (for Individual) Systems Analyst
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
825.00

Date of Receipt
11 / 28 / 2018
Transaction ID : VQCFK9M5Q14

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address PO Box 896
19 South Greatwater Avenue

City Beverly Shores	State IN	Zip Code 46301-0896
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Camargo Investments, LLC	Occupation (for Individual) Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
11 / 28 / 2018
Transaction ID : VQCFK9M5Q30

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 6 Westwind Dr

City Sand Springs	State OK	Zip Code 74063-7658
----------------------	-------------	------------------------

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

Name of Employer (for Individual) American Airlines	Occupation (for Individual) A&P Mechanic
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
12 / 01 / 2018
Transaction ID : VQCFK9M5QD9

Amount of Each Receipt this Period
25.00

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 7 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Win Back Your State PAC

A. Fitzgerald, Veronica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Kestner Ln
 City Troy State NY Zip Code 12180-6517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Omega Institute Occupation (for Individual) Fundraiser
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 01 / 2018
Transaction ID : VQCFK9M5QG2
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Larson, Patricia, Suzanne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Granby Ct
 City Derwood State MD Zip Code 20855-1406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baltimore City Community College Occupation (for Individual) Instructor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 01 / 2018
Transaction ID : VQCFK9M5QE7
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Walto, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 186 Bellvale Lakes Rd Ste 220
 City Warwick State NY Zip Code 10990-3454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's Health Fund Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 12 / 06 / 2018
Transaction ID : VQCFK9M5QK6
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 22
	(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)
Win Back Your State PAC

A. Dolbow, Edward, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10362 Buglenote Way
 City Columbia State MD Zip Code 21044-3816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Westat Occupation (for Individual) Systems Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2018
Transaction ID : VQCFK9M5R90
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Peterson, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 896
 19 South Greatwater Avenue
 City Beverly Shores State IN Zip Code 46301-0896
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Camargo Investments, LLC Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2018
Transaction ID : VQCFK9M5RB6
 Amount of Each Receipt this Period
 25.00
 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 M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	350.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Win Back Your State PAC

Full Name (Last, First, Middle Initial) A. NGP VAN, Inc.		Date of Disbursement MM / DD / YYYY 11 / 30 / 2018
Mailing Address 1101 15th St NW Ste 500		FEC Identification Number C Transaction ID : VQBGB9HQV Amount of Each Disbursement this Period 600.00
City Washington	State DC	
Zip Code 20005-5006	Purpose of Disbursement Database	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. NGP VAN, Inc.		Date of Disbursement MM / DD / YYYY 11 / 30 / 2018
Mailing Address 1101 15th St NW Ste 500		FEC Identification Number C Transaction ID : VQBGB9HQV Amount of Each Disbursement this Period 2200.00
City Washington	State DC	
Zip Code 20005-5006	Purpose of Disbursement Database	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Taylor, Samuel, , ,		Date of Disbursement MM / DD / YYYY 11 / 30 / 2018
Mailing Address 1018 N Calvert St Apt 4R		FEC Identification Number C Transaction ID : VQBGB9HQV Amount of Each Disbursement this Period 263.75
City Baltimore	State MD	
Zip Code 21202-3860	Purpose of Disbursement Travel Reimbursement, See Below if Itemized	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

3063.75

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Win Back Your State PAC

A. Cybersource

Full Name (Last, First, Middle Initial)

Mailing Address 1295 Charleston Rd

City Mountain View State CA Zip Code 94043-1307

Purpose of Disbursement Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 03 / 2018

FEC Identification Number: C

Transaction ID : VQBGB9HQW

Amount of Each Disbursement this Period: 117.16

Memo Item

B. Cybersource

Full Name (Last, First, Middle Initial)

Mailing Address 1295 Charleston Rd

City Mountain View State CA Zip Code 94043-1307

Purpose of Disbursement Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 04 / 2018

FEC Identification Number: C

Transaction ID : VQBGB9HQW

Amount of Each Disbursement this Period: 44.95

Memo Item

C. Google

Full Name (Last, First, Middle Initial)

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement Email Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 06 / 2018

FEC Identification Number: C

Transaction ID : VQBGB9HQW

Amount of Each Disbursement this Period: 399.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 561.11

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Win Back Your State PAC

Full Name (Last, First, Middle Initial)

A. Visa

Mailing Address PO Box 30131

City
Tampa

State
FL

Zip Code
33630-3131

Purpose of Disbursement
Credit Card Payment, See Below if Itemized

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			24			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : VQBGB9HQX

Amount of Each Disbursement this Period

[REDACTED] 2832.28

Memo Item

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address 4333 Amon Center Blvd

City
Ft Worth

State
TX

Zip Code
76115

Purpose of Disbursement
Airfare

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			24			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : VQBGB9HQX

Amount of Each Disbursement this Period

[REDACTED] 290.20

Memo Item

Full Name (Last, First, Middle Initial)

C. American Airlines

Mailing Address 4333 Amon Center Blvd

City
Ft Worth

State
TX

Zip Code
76115

Purpose of Disbursement
Airfare

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			24			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : VQBGB9HQX

Amount of Each Disbursement this Period

[REDACTED] 290.20

Memo Item

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

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

[REDACTED] 2832.28

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Win Back Your State PAC

Full Name (Last, First, Middle Initial)

A. Amtrak

Mailing Address 1500 N Charles St

City Baltimore State MD Zip Code 21201-5815

Purpose of Disbursement
Travel

Candidate Name

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 24 / 2018

FEC Identification Number

C
Transaction ID : VQBGB9HQX
Amount of Each Disbursement this Period
83.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Delta Airlines

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement
Airfare

Candidate Name

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 24 / 2018

FEC Identification Number

C
Transaction ID : VQBGB9HQW
Amount of Each Disbursement this Period
396.80

Memo Item

Full Name (Last, First, Middle Initial)

C. Hyatt Hotels

Mailing Address 109 E 42nd St

City New York State NY Zip Code 10017-8500

Purpose of Disbursement
Lodging

Candidate Name

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 24 / 2018

FEC Identification Number

C
Transaction ID : VQBGB9HQJ
Amount of Each Disbursement this Period
140.48

Memo Item

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

0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary 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)
Win Back Your State PAC

Full Name (Last, First, Middle Initial)

A. Hyatt Hotels

Mailing Address 109 E 42nd St

City New York State NY Zip Code 10017-8500

Purpose of Disbursement
Lodging

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 24 / 2018

FEC Identification Number

C
Transaction ID : VQBGB9HQX
Amount of Each Disbursement this Period
140.48

Memo Item

Full Name (Last, First, Middle Initial)

B. Renaissance Hotels

Mailing Address 10400 Fernwood Rd

City Bethesda State MD Zip Code 20817-1102

Purpose of Disbursement
Refund

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 24 / 2018

FEC Identification Number

C
Transaction ID : VQBGB9HQW
Amount of Each Disbursement this Period
- 376.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Renaissance Hotels

Mailing Address 10400 Fernwood Rd

City Bethesda State MD Zip Code 20817-1102

Purpose of Disbursement
Lodging

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 24 / 2018

FEC Identification Number

C
Transaction ID : VQBGB9HQI
Amount of Each Disbursement this Period
80.39

Memo Item

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary 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)
Win Back Your State PAC

Full Name (Last, First, Middle Initial) A. Renaissance Hotels		Date of Disbursement MM / DD / YYYY 12 / 24 / 2018
Mailing Address 10400 Fernwood Rd		FEC Identification Number C [REDACTED] Transaction ID : VQBGB9HQX Amount of Each Disbursement this Period [REDACTED] 80.39
City Bethesda	State MD	Zip Code 20817-1102
Purpose of Disbursement Lodging		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Renaissance Hotels		Date of Disbursement MM / DD / YYYY 12 / 24 / 2018
Mailing Address 10400 Fernwood Rd		FEC Identification Number C [REDACTED] Transaction ID : VQBGB9HQX Amount of Each Disbursement this Period [REDACTED] 345.40
City Bethesda	State MD	Zip Code 20817-1102
Purpose of Disbursement Lodging		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Renaissance Hotels		Date of Disbursement MM / DD / YYYY 12 / 24 / 2018
Mailing Address 10400 Fernwood Rd		FEC Identification Number C [REDACTED] Transaction ID : VQBGB9HQX Amount of Each Disbursement this Period [REDACTED] 343.90
City Bethesda	State MD	Zip Code 20817-1102
Purpose of Disbursement Lodging		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Win Back Your State PAC

Full Name (Last, First, Middle Initial)

A. Uber Technologies

Mailing Address 182 Howard St
8

City San Francisco State CA Zip Code 94105-1611

Purpose of Disbursement
Travel

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 24 / 2018

FEC Identification Number

C
Transaction ID : VQBGB9HQV
Amount of Each Disbursement this Period
22.30

Memo Item

Full Name (Last, First, Middle Initial)

B. Uber Technologies

Mailing Address 182 Howard St
8

City San Francisco State CA Zip Code 94105-1611

Purpose of Disbursement
Travel

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 24 / 2018

FEC Identification Number

C
Transaction ID : VQBGB9HQV
Amount of Each Disbursement this Period
10.74

Memo Item

Full Name (Last, First, Middle Initial)

C. Uber Technologies

Mailing Address 182 Howard St
8

City San Francisco State CA Zip Code 94105-1611

Purpose of Disbursement
Travel

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 24 / 2018

FEC Identification Number

C
Transaction ID : VQBGB9HQV
Amount of Each Disbursement this Period
10.42

Memo Item

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary 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)
Win Back Your State PAC

Full Name (Last, First, Middle Initial)

A. Uber Technologies

Mailing Address 182 Howard St
8

City San Francisco State CA Zip Code 94105-1611

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 24 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : VQBGB9HQV
Amount of Each Disbursement this Period

[REDACTED] 6.62

Memo Item

Full Name (Last, First, Middle Initial)

B. Uber Technologies

Mailing Address 182 Howard St
8

City San Francisco State CA Zip Code 94105-1611

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 24 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : VQBGB9HQV
Amount of Each Disbursement this Period

[REDACTED] 15.09

Memo Item

Full Name (Last, First, Middle Initial)

C. Uber Technologies

Mailing Address 182 Howard St
8

City San Francisco State CA Zip Code 94105-1611

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 24 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : VQBGB9HQV
Amount of Each Disbursement this Period

[REDACTED] 14.58

Memo Item

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

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

[REDACTED] 0.00

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Win Back Your State PAC

Full Name (Last, First, Middle Initial)

A. Uber Technologies

Mailing Address 182 Howard St
8

City San Francisco State CA Zip Code 94105-1611

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 24 / 2018

FEC Identification Number

C
Transaction ID : VQBGB9HQX
Amount of Each Disbursement this Period
20.74

Memo Item

Full Name (Last, First, Middle Initial)

B. Uber Technologies

Mailing Address 182 Howard St
8

City San Francisco State CA Zip Code 94105-1611

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 24 / 2018

FEC Identification Number

C
Transaction ID : VQBGB9HQX
Amount of Each Disbursement this Period
34.06

Memo Item

Full Name (Last, First, Middle Initial)

C. Uber Technologies

Mailing Address 182 Howard St
8

City San Francisco State CA Zip Code 94105-1611

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 24 / 2018

FEC Identification Number

C
Transaction ID : VQBGB9HQX
Amount of Each Disbursement this Period
8.09

Memo Item

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary 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)
Win Back Your State PAC

A. Uber Technologies

Full Name (Last, First, Middle Initial)

Mailing Address 182 Howard St # 8

City San Francisco State CA Zip Code 94105-1611

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 24 / 2018

FEC Identification Number: C

Transaction ID : VQGB9HQX

Amount of Each Disbursement this Period: 28.46

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	6457.14

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

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NAME OF COMMITTEE (In Full)
Win Back Your State PAC

Full Name (Last, First, Middle Initial)

A. Mike Espy for Senate Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2018

Mailing Address PO Box 14072

FEC Identification Number

C C00675884

City Jackson State MS Zip Code 39236-4072

Transaction ID : VQGB9HQX
Amount of Each Disbursement this Period

Purpose of Disbursement
Federal In-Kind Contribution of Travel Expenses from Southwest and Delta Airlines

907.78

Candidate Name
Espy, Mike, , ,

Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: MS District: 00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/Type

Candidate Name

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

Memo Item

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

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

0.00
0.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 22 OF 22
	FOR LINE NUMBER: (check only one)
<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
Win Back Your State PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PAT MURPHY FOR IOWA			Nature of Debt (Purpose): Refund of Excessive Contribution
Mailing Address PO Box 692			
City Dubuque	State IA	Zip Code 52004-0692	

Outstanding Balance Beginning This Period		Transaction ID : VQ9HV9H5M04	
2229.32			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	2229.32	

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	2229.32
2) TOTALS This Period (last page this line number only)..... ▶	2229.32
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	2229.32