

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

HATCH ELECTION COMMITTEE, INC.

ADDRESS (number and street)

PO BOX 1345

Check if different than previously reported. (ACC)

SALT LAKE CITY

UT

84110-1345

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00104752

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

UT

00

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)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

/

/

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

/

/

in the State of

5. Covering Period

M M / D D / Y Y Y Y
10 / 01 / 2019

through

M M / D D / Y Y Y Y
12 / 31 / 2019

/

/

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

ANDERSON, A., SCOTT, ,

Type or Print Name of Treasurer

Signature of Treasurer

ANDERSON, A., SCOTT, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
01 / 07 / 2020

/

/

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
HATCH ELECTION COMMITTEE, INC.

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d))	- 47310.00	- 39110.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	47310.00	39110.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3110.00	31321.28
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1190.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3110.00	30131.28
8. Cash on Hand at Close of Reporting Period (from Line 27).....	7693.33	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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 3 (Revised 05/2016)

Write or Type Committee Name

HATCH ELECTION COMMITTEE, INC.

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	1190.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	0.00	1190.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 23

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3110.00	31321.28
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	- 42610.00	- 35410.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	- 4700.00	- 3700.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	- 47310.00	- 39110.00
21. OTHER DISBURSEMENTS	47310.00	924168.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3110.00	916379.28

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	10803.33
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	10803.33
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3110.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7693.33

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

Form/Schedule: F3T

Transaction ID :

REMAINING CASH-ON-HAND WILL NOT BE USED IN CONNECTION WITH FEDERAL ELECTIONS.

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 23			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)
HATCH ELECTION COMMITTEE, INC.

Full Name (Last, First, Middle Initial) A. WILEY REIN LLP			Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2019		
Mailing Address 1776 K ST NW			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20006-2304	Amount of Each Disbursement this Period 3110.00		
Purpose of Disbursement LEGAL SERVICES		Category/Type	Transaction ID : BCE7C7A16469C498F848		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / 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	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / 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	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	3110.00
TOTAL This Period (last page this line number only).....▶	3110.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 23			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
HATCH ELECTION COMMITTEE, INC.

Full Name (Last, First, Middle Initial) A. BAKER, JAMES, C., ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2019		
Mailing Address 1172 PARK AVE APT 4BD					
City NEW YORK	State NY	Zip Code 10128-1213	FEC Identification Number C		
Purpose of Disbursement REFUND: STOP PAYMENT ON UNDEPOSITED 2/26/2018 REFUND CHECK			Amount of Each Disbursement this Period - 1300.00		
Candidate Name			Transaction ID : B60DC7289D0844FF8B1E		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) B. BRADY, WILLIAM, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2019		
Mailing Address 650 CALIFORNIA ST FL 33					
City SAN FRANCISCO	State CA	Zip Code 94108-2614	FEC Identification Number C		
Purpose of Disbursement REFUND: STOP PAYMENT ON UNDEPOSITED 2/26/2018 REFUND CHECK			Amount of Each Disbursement this Period - 2600.00		
Candidate Name			Transaction ID : BC49770907E1742A984E		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) C. CLINGMAN, ALAN, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2019		
Mailing Address 3 GATEHOUSE RD					
City SCARSDALE	State NY	Zip Code 10583-7569	FEC Identification Number C		
Purpose of Disbursement REFUND: STOP PAYMENT ON UNDEPOSITED 2/26/2018 REFUND CHECK			Amount of Each Disbursement this Period - 2700.00		
Candidate Name			Transaction ID : BCFB2B5185BFC400E9EC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUN-OFF PRIMARY		Memo Item <input type="checkbox"/>		
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	- 6600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 23			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
HATCH ELECTION COMMITTEE, INC.

Full Name (Last, First, Middle Initial) A. ESSELINK, JOHN, D., ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2019		
Mailing Address 2324 ALGONA CT					
City ALGONAC	State MI	Zip Code 48001-1155	FEC Identification Number C		
Purpose of Disbursement REFUND: STOP PAYMENT ON UNDEPOSITED 2/26/2018 REFUND CHECK			Amount of Each Disbursement this Period - 2700.00		
Candidate Name			Transaction ID : B2DC314D1F801440F9A2		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUN-OFF PRIMARY		<input type="checkbox"/> Memo Item		
State: District:					

Full Name (Last, First, Middle Initial) B. FUCHS, BERNARD, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2019		
Mailing Address 101 FULTON ST					
City LAWRENCE	State NY	Zip Code 11559-1426	FEC Identification Number C		
Purpose of Disbursement REFUND: STOP PAYMENT ON UNDEPOSITED 2/26/2018 REFUND CHECK			Amount of Each Disbursement this Period - 2700.00		
Candidate Name			Transaction ID : B9A1A05E3AD0345FB973		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUN-OFF PRIMARY		<input type="checkbox"/> Memo Item		
State: District:					

Full Name (Last, First, Middle Initial) C. GEVORGIAN, ALEXIS, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2019		
Mailing Address 17164 OAK VIEW DR					
City ENCINO	State CA	Zip Code 91316-4012	FEC Identification Number C		
Purpose of Disbursement REFUND: STOP PAYMENT ON UNDEPOSITED 2/26/2018 REFUND CHECK			Amount of Each Disbursement this Period - 2700.00		
Candidate Name			Transaction ID : B8E44E01A0001416AB71		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUN-OFF PRIMARY		<input type="checkbox"/> Memo Item		
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	- 8100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 23			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
HATCH ELECTION COMMITTEE, INC.

Full Name (Last, First, Middle Initial) A. HERRINGTON, DOUG, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2019		
Mailing Address 933 16TH AVE E					
City SEATTLE	State WA	Zip Code 98112-3917	FEC Identification Number C		
Purpose of Disbursement REFUND: STOP PAYMENT ON UNDEPOSITED 2/26/2018 REFUND CHECK			Amount of Each Disbursement this Period - 2700.00		
Candidate Name			Transaction ID : BEA60D08F02A04868B14		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUN-OFF PRIMARY		<input type="checkbox"/> Memo Item		
State: _____ District: _____					

Full Name (Last, First, Middle Initial) B. HEYMAN, LAZARUS, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2019		
Mailing Address 667 MADISON AVE					
City NEW YORK	State NY	Zip Code 10065-8029	FEC Identification Number C		
Purpose of Disbursement REFUND: STOP PAYMENT ON UNDEPOSITED 2/26/2018 REFUND CHECK			Amount of Each Disbursement this Period - 2700.00		
Candidate Name			Transaction ID : BA80BA252BA274683932		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUN-OFF PRIMARY		<input type="checkbox"/> Memo Item		
State: _____ District: _____					

Full Name (Last, First, Middle Initial) C. JAMES, JOSHUA, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2019		
Mailing Address PO BOX 2497					
City OREM	State UT	Zip Code 84059-2497	FEC Identification Number C		
Purpose of Disbursement REFUND: STOP PAYMENT ON UNDEPOSITED 2/26/2018 REFUND CHECK			Amount of Each Disbursement this Period - 2600.00		
Candidate Name			Transaction ID : BE7AD81B05D5840E2A1C		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		<input type="checkbox"/> Memo Item		
State: _____ District: _____					

SUBTOTAL of Disbursements This Page (optional).....	- 8000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 23			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
HATCH ELECTION COMMITTEE, INC.

Full Name (Last, First, Middle Initial) A. JOYNER, CHARLES, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2019
Mailing Address 3565 PIEDMONT RD NE BLDG 1-525		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30305-8203
Purpose of Disbursement REFUND: STOP PAYMENT ON UNDEPOSITED 2/26/2018 REFUND CHECK		Amount of Each Disbursement this Period - 800.00
Candidate Name		Transaction ID : B8BA63DF7AA334FA4B36
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUN-OFF PRIMARY	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. LANGMAN, WENDY, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2019
Mailing Address 1133 5TH AVE APT 4		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10128-0123
Purpose of Disbursement REFUND: STOP PAYMENT ON UNDEPOSITED 2/26/2018 REFUND CHECK		Amount of Each Disbursement this Period - 2700.00
Candidate Name		Transaction ID : B92FAEFFDE2174AC7851
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. LANHAM, ROBERT, C., , JR.		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2019
Mailing Address 2210 BRITTON RIDGE DR		FEC Identification Number C
City KATY	State TX	Zip Code 77494-3917
Purpose of Disbursement REFUND: STOP PAYMENT ON UNDEPOSITED 2/26/2018 REFUND CHECK		Amount of Each Disbursement this Period - 1500.00
Candidate Name		Transaction ID : B88969AE1F2E0464DB2A
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUN-OFF PRIMARY	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	- 5000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 23			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
HATCH ELECTION COMMITTEE, INC.

Full Name (Last, First, Middle Initial) A. NOHAILE, MICHAEL, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2019		
Mailing Address 16860 W SUNSET BLVD					
City PACIFIC PALISADES	State CA	Zip Code 90272-3205	FEC Identification Number C		
Purpose of Disbursement REFUND: STOP PAYMENT ON UNDEPOSITED 2/26/2018 REFUND CHECK			Amount of Each Disbursement this Period - 310.00		
Candidate Name			Transaction ID : B5B899D24740B4CFC89E		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		Memo Item <input type="checkbox"/>		
State: District:	RUN-OFF PRIMARY				

Full Name (Last, First, Middle Initial) B. PERRYMAN, GLENDA, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2019		
Mailing Address 2 BLALOCK WOODS ST					
City HOUSTON	State TX	Zip Code 77024-5101	FEC Identification Number C		
Purpose of Disbursement REFUND: STOP PAYMENT ON UNDEPOSITED 2/26/2018 REFUND CHECK			Amount of Each Disbursement this Period - 300.00		
Candidate Name			Transaction ID : B91DD0809BF8C418ABE9		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		Memo Item <input type="checkbox"/>		
State: District:	RUN-OFF PRIMARY				

Full Name (Last, First, Middle Initial) C. PETERSON, PETER, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2019		
Mailing Address 712 5TH AVE					
City NEW YORK	State NY	Zip Code 10019-4108	FEC Identification Number C		
Purpose of Disbursement REFUND: STOP PAYMENT ON UNDEPOSITED 2/26/2018 REFUND CHECK			Amount of Each Disbursement this Period - 1500.00		
Candidate Name			Transaction ID : B964756103AD04D7187F		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		Memo Item <input type="checkbox"/>		
State: District:	RUN-OFF PRIMARY				

SUBTOTAL of Disbursements This Page (optional).....	- 2110.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 23			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
HATCH ELECTION COMMITTEE, INC.

Full Name (Last, First, Middle Initial) A. ROTHMAN, ROBERT, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2019		
Mailing Address PO BOX 173559					
City TAMPA	State FL	Zip Code 33672-1559	FEC Identification Number C		
Purpose of Disbursement REFUND: STOP PAYMENT ON UNDEPOSITED 2/26/2018 REFUND CHECK			Amount of Each Disbursement this Period - 2700.00		
Candidate Name			Transaction ID : B6AD5AAE1EF4F48ECB42		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUN-OFF PRIMARY		<input type="checkbox"/> Memo Item		
State: _____ District: _____					

Full Name (Last, First, Middle Initial) B. SCHONFELD, DENA, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2019		
Mailing Address 30 TEXAS ST					
City HICKSVILLE	State NY	Zip Code 11801-2525	FEC Identification Number C		
Purpose of Disbursement REFUND: STOP PAYMENT ON UNDEPOSITED 2/26/2018 REFUND CHECK			Amount of Each Disbursement this Period - 2700.00		
Candidate Name			Transaction ID : BDB0706811E884FB9A6C		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUN-OFF PRIMARY		<input type="checkbox"/> Memo Item		
State: _____ District: _____					

Full Name (Last, First, Middle Initial) C. SPANGLER, ROBERT, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2019		
Mailing Address 61 BRIDLE PATH LN					
City NEW CANAAN	State CT	Zip Code 06840-3906	FEC Identification Number C		
Purpose of Disbursement REFUND: STOP PAYMENT ON UNDEPOSITED 2/26/2018 REFUND CHECK			Amount of Each Disbursement this Period - 1000.00		
Candidate Name			Transaction ID : B9BEA5C3820534D3DB99		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		<input type="checkbox"/> Memo Item		
State: _____ District: _____					

SUBTOTAL of Disbursements This Page (optional).....	- 6400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 23			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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)
HATCH ELECTION COMMITTEE, INC.

Full Name (Last, First, Middle Initial) A. STANTON, BENTLEY, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2019		
Mailing Address 104 WINDRIDGE DR					
City WEST CHESTER	State PA	Zip Code 19380-3940	FEC Identification Number C		
Purpose of Disbursement REFUND: STOP PAYMENT ON UNDEPOSITED 2/26/2018 REFUND CHECK			Amount of Each Disbursement this Period - 1000.00		
Candidate Name			Transaction ID : B473621A123304A60B66		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) B. WAGH, MOSHE, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2019		
Mailing Address 15 AVON RD					
City NEW ROCHELLE	State NY	Zip Code 10804-3302	FEC Identification Number C		
Purpose of Disbursement REFUND: STOP PAYMENT ON UNDEPOSITED 2/26/2018 REFUND CHECK			Amount of Each Disbursement this Period - 2700.00		
Candidate Name			Transaction ID : B8352E3F6441447B0A60		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUN-OFF PRIMARY		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) C. WHITE, GLENDA, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2019		
Mailing Address 11490 CORINTHIA CT					
City WOODBRIDGE	State VA	Zip Code 22192-1098	FEC Identification Number C		
Purpose of Disbursement REFUND: STOP PAYMENT ON UNDEPOSITED 2/26/2018 REFUND CHECK			Amount of Each Disbursement this Period - 2700.00		
Candidate Name			Transaction ID : B862EEF0DCF354302AA6		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUN-OFF PRIMARY		Memo Item <input type="checkbox"/>		
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	- 6400.00
TOTAL This Period (last page this line number only).....▶	- 42610.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 23	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
HATCH ELECTION COMMITTEE, INC.

Full Name (Last, First, Middle Initial) A. AON POLITICAL ACTION COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2019
Mailing Address 200 EAST RANDOLPH STREET		FEC Identification Number C C00211250
City CHICAGO	State IL	Zip Code 60601-6436
Purpose of Disbursement REFUND: STOP PAYMENT ON UNDEPOSITED 9/18/2017 REFUND CHECK		Amount of Each Disbursement this Period - 200.00
Candidate Name AON POLITICAL ACTION COMMITTEE		Transaction ID : B84DCD76A2396422C84B
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. ST. JUDE MEDICAL PAC		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2019
Mailing Address 1 JUDE MEDICAL DRIVE		FEC Identification Number C C00305029
City SAINT PAUL	State MN	Zip Code 55117
Purpose of Disbursement REFUND: STOP PAYMENT ON UNDEPOSITED 6/30/2017 REFUND CHECK		Amount of Each Disbursement this Period - 2000.00
Candidate Name ST. JUDE MEDICAL PAC		Transaction ID : B13919D7FB40F4BB19E2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. ST. JUDE MEDICAL PAC		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2019
Mailing Address 1 JUDE MEDICAL DRIVE		FEC Identification Number C C00305029
City SAINT PAUL	State MN	Zip Code 55117
Purpose of Disbursement REFUND: STOP PAYMENT ON UNDEPOSITED 2/26/2018 REFUND CHECK		Amount of Each Disbursement this Period - 2500.00
Candidate Name ST. JUDE MEDICAL PAC		Transaction ID : BF8963081093C4927944
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	- 4700.00
TOTAL This Period (last page this line number only).....▶	- 4700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 23			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HATCH ELECTION COMMITTEE, INC.

Full Name (Last, First, Middle Initial) A. UNITED STATES TREASURY		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2019	
Mailing Address 1500 PENNSYLVANIA AVE NW			
City WASHINGTON	State DC	Zip Code 20220-0001	
Purpose of Disbursement DISGORGEMENT OF UNCASHED REFUNDS		FEC Identification Number C	
Candidate Name		Amount of Each Disbursement this Period 47310.00	
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:	Transaction ID : B80A2785BBC6F409BBE7 <input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. JAMES, JOSHUA, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2019	
Mailing Address PO BOX 2497			
City OREM	State UT	Zip Code 84059-2497	
Purpose of Disbursement CONTRIBUTION REFUND		FEC Identification Number C	
Candidate Name		Amount of Each Disbursement this Period 2600.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Transaction ID : B8D58C14A32614CB0AEC <input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. NOHAILE, MICHAEL, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2019	
Mailing Address 16860 W SUNSET BLVD			
City PACIFIC PALISADES	State CA	Zip Code 90272-3205	
Purpose of Disbursement CONTRIBUTION REFUND		FEC Identification Number C	
Candidate Name		Amount of Each Disbursement this Period 310.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUN-OFF PRIMARY		
State: District:	Transaction ID : B6B3BE2DC822144059FF <input checked="" type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	47310.00
TOTAL This Period (last page this line number only).....▶	47310.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 23	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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)
HATCH ELECTION COMMITTEE, INC.

Full Name (Last, First, Middle Initial) A. BAKER, JAMES, C., ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2019
Mailing Address 1172 PARK AVE APT 4BD		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10128-1213
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 1300.00
Candidate Name		Transaction ID : B15DCB41B8F0D4CFAACD
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. HEYMAN, LAZARUS, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2019
Mailing Address 667 MADISON AVE		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10065-8029
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2700.00
Candidate Name		Transaction ID : B129BA451558442C4A43
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUN-OFF PRIMARY	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. GEVORGIAN, ALEXIS, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2019
Mailing Address 17164 OAK VIEW DR		FEC Identification Number C
City ENCINO	State CA	Zip Code 91316-4012
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2700.00
Candidate Name		Transaction ID : B4E631D8D678C44FE8E9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUN-OFF PRIMARY	<input checked="" type="checkbox"/> Memo Item
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 23	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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)
HATCH ELECTION COMMITTEE, INC.

Full Name (Last, First, Middle Initial) A. FUCHS, BERNARD, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2019	
Mailing Address 101 FULTON ST			FEC Identification Number C	
City LAWRENCE	State NY	Zip Code 11559-1426	Amount of Each Disbursement this Period 2700.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : B3DAE2CA6B3F0459C954	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUN-OFF PRIMARY			
State: District:				

Full Name (Last, First, Middle Initial) B. LANGMAN, WENDY, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2019	
Mailing Address 1133 5TH AVE APT 4			FEC Identification Number C	
City NEW YORK	State NY	Zip Code 10128-0123	Amount of Each Disbursement this Period 2700.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : B25D23010903E42D59F1	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. PERRYMAN, GLENDA, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2019	
Mailing Address 2 BLALOCK WOODS ST			FEC Identification Number C	
City HOUSTON	State TX	Zip Code 77024-5101	Amount of Each Disbursement this Period 300.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : B519C9E3D878A4597938	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUN-OFF PRIMARY			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 23
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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)
HATCH ELECTION COMMITTEE, INC.

Full Name (Last, First, Middle Initial) A. WAGH, MOSHE, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2019
Mailing Address 15 AVON RD		FEC Identification Number C
City NEW ROCHELLE	State NY	Zip Code 10804-3302
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2700.00
Candidate Name		Transaction ID : BDE41D06A4E2040D3995
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUN-OFF PRIMARY	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. ESSELINK, JOHN, D., ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2019
Mailing Address 2324 ALGONA CT		FEC Identification Number C
City ALGONAC	State MI	Zip Code 48001-1155
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2700.00
Candidate Name		Transaction ID : BD7548955749F42359C7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUN-OFF PRIMARY	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. ROTHMAN, ROBERT, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2019
Mailing Address PO BOX 173559		FEC Identification Number C
City TAMPA	State FL	Zip Code 33672-1559
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2700.00
Candidate Name		Transaction ID : B4301F24B86FA45378E5
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUN-OFF PRIMARY	<input checked="" type="checkbox"/> Memo Item
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 23	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HATCH ELECTION COMMITTEE, INC.

Full Name (Last, First, Middle Initial) A. SCHONFELD, DENA, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2019	
Mailing Address 30 TEXAS ST			FEC Identification Number C	
City HICKSVILLE	State NY	Zip Code 11801-2525	Amount of Each Disbursement this Period 2700.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : BADB03FB2A18C4063B52	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUN-OFF PRIMARY			
State: District:				

Full Name (Last, First, Middle Initial) B. PETERSON, PETER, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2019	
Mailing Address 712 5TH AVE			FEC Identification Number C	
City NEW YORK	State NY	Zip Code 10019-4108	Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : B951007757EEA4D1CA26	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUN-OFF PRIMARY			
State: District:				

Full Name (Last, First, Middle Initial) C. BRADY, WILLIAM, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2019	
Mailing Address 650 CALIFORNIA ST FL 33			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94108-2614	Amount of Each Disbursement this Period 2600.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : BDE14ED08FF0A43DD911	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 23	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HATCH ELECTION COMMITTEE, INC.

Full Name (Last, First, Middle Initial) A. SPANGLER, ROBERT, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2019	
Mailing Address 61 BRIDLE PATH LN			FEC Identification Number C	
City NEW CANAAN	State CT	Zip Code 06840-3906	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : B9E9DDD1C51A447CC8C3	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. LANHAM, ROBERT, C., , JR.			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2019	
Mailing Address 2210 BRITTON RIDGE DR			FEC Identification Number C	
City KATY	State TX	Zip Code 77494-3917	Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : B9F32E442A8FB440ABEB	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUN-OFF PRIMARY			
State: District:				

Full Name (Last, First, Middle Initial) C. STANTON, BENTLEY, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2019	
Mailing Address 104 WINDRIDGE DR			FEC Identification Number C	
City WEST CHESTER	State PA	Zip Code 19380-3940	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : B00AC2D94281F487FB1A	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 23
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
HATCH ELECTION COMMITTEE, INC.

Full Name (Last, First, Middle Initial) A. HERRINGTON, DOUG, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2019
Mailing Address 933 16TH AVE E		FEC Identification Number C
City SEATTLE	State WA	Zip Code 98112-3917
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2700.00
Candidate Name		Transaction ID : B0AAA6408ADD44B83B7B
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUN-OFF PRIMARY	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. CLINGMAN, ALAN, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2019
Mailing Address 3 GATEHOUSE RD		FEC Identification Number C
City SCARSDALE	State NY	Zip Code 10583-7569
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2700.00
Candidate Name		Transaction ID : BD0DCE307B9A740EC9C8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUN-OFF PRIMARY	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. WHITE, GLENDA, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2019
Mailing Address 11490 CORINTHIA CT		FEC Identification Number C
City WOODBRIIDGE	State VA	Zip Code 22192-1098
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2700.00
Candidate Name		Transaction ID : B421361A48910461E99E
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUN-OFF PRIMARY	<input checked="" type="checkbox"/> Memo Item
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 23	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HATCH ELECTION COMMITTEE, INC.

Full Name (Last, First, Middle Initial) A. JOYNER, CHARLES, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2019	
Mailing Address 3565 PIEDMONT RD NE BLDG 1-525			FEC Identification Number C	
City ATLANTA	State GA	Zip Code 30305-8203	Amount of Each Disbursement this Period 800.00	
Purpose of Disbursement CONTRIBUTION REFUND			Transaction ID : B63E882043C04490E84F	
Candidate Name			Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUN-OFF PRIMARY			
State: District:				

Full Name (Last, First, Middle Initial) B. AON POLITICAL ACTION COMMITTEE			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2019	
Mailing Address 200 EAST RANDOLPH STREET			FEC Identification Number C C00211250	
City CHICAGO	State IL	Zip Code 60601-6436	Amount of Each Disbursement this Period 200.00	
Purpose of Disbursement CONTRIBUTION REFUND			Transaction ID : B55851E57CC6D4F0F821	
Candidate Name AON POLITICAL ACTION COMMITTEE			Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. ST. JUDE MEDICAL PAC			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2019	
Mailing Address 1 JUDE MEDICAL DRIVE			FEC Identification Number C C00305029	
City SAINT PAUL	State MN	Zip Code 55117	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement CONTRIBUTION REFUND			Transaction ID : B5146935B77DD443DBB6	
Candidate Name ST. JUDE MEDICAL PAC			Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 23	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HATCH ELECTION COMMITTEE, INC.

Full Name (Last, First, Middle Initial) A. ST. JUDE MEDICAL PAC			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2019	
Mailing Address 1 JUDE MEDICAL DRIVE			FEC Identification Number C C00305029	
City SAINT PAUL	State MN	Zip Code 55117	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement CONTRIBUTION REFUND			Transaction ID : B19F1D425C777400CBFE	
Candidate Name ST. JUDE MEDICAL PAC			Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item	
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement			Memo Item	
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.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement			Memo Item	
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).....▶	0.00
TOTAL This Period (last page this line number only).....▶	47310.00