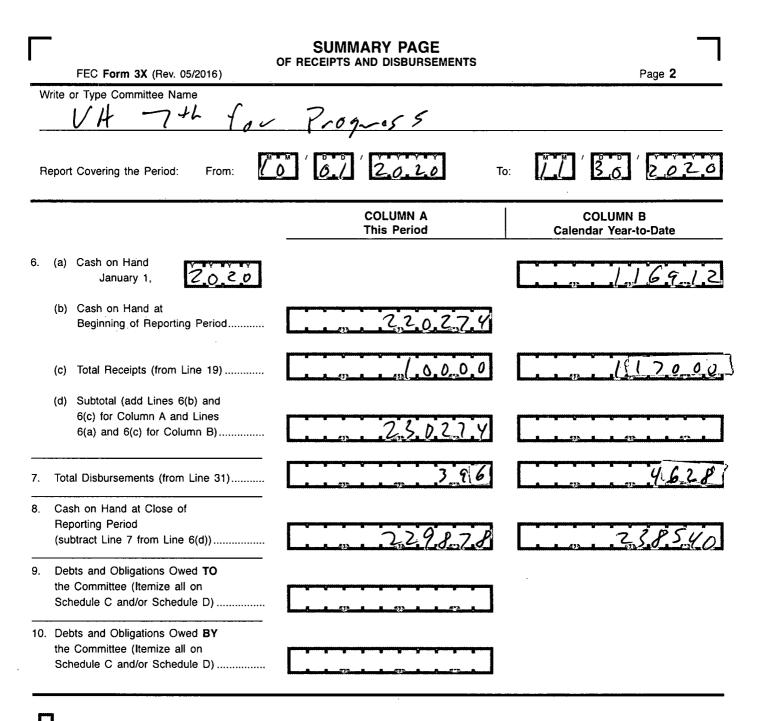
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1. NAME OF COMMITTEE (in	TYPE OR PRINT ▼ [ull)	Example: If ty over the lines		12FE4M5			
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ADDRESS (number and street) $P_0 P_0 X_1 7, 19, 9, 5, 1 1 1 1 1 1 1 1 1 1 $							
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2. FEC IDENTIFIC	ATION NUMBER V			STATE A			
CO.0.6.5.8.3.6.9 3. IS THIS REPORT IN NEW OR (A)							
4. TYPE OF REP (Choose One) (a) Quarterly Rep	Report Due On:	Feb 20 (M2)	May 20 (M5) Jun 20 (M6)	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)		
July 15 Uuarterly October	15			General (12G	a) D Runoff (12R)		
January	7 Report (Q3) 31 I Report (YE)	Election on	/		in the State of		
July 31	Mid-Year (d) 30-Day Non-election (d) 90ST -	/ Election D General (; for the:	30G)	Runoff (30R)	Special (30S)		
Terminat (TER)	ion Report	Election on	03	2020	in the State of		
5. Covering Period $1/0/0/2020$ through $1/20/2020$							
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer $Char les Small$							
Signature of Treasurer $\frac{1}{202}$							
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			ю 		FEC FORM 3X Rev. 05/2016		
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This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 1050 First Street, N.E. Washington, DC 20463

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

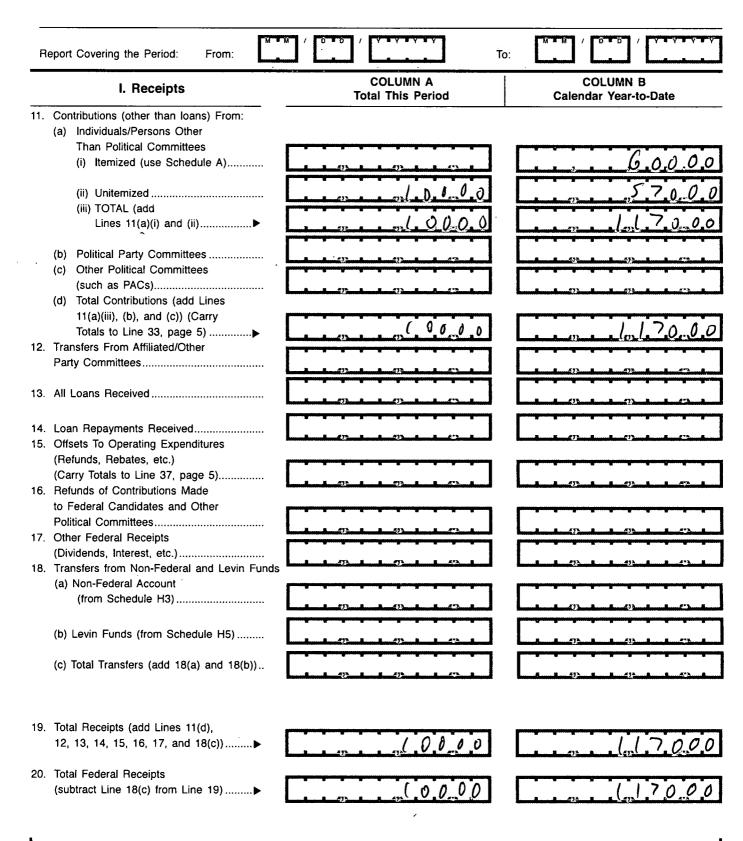
DETAILED SUMMARY PAGE

of Receipts

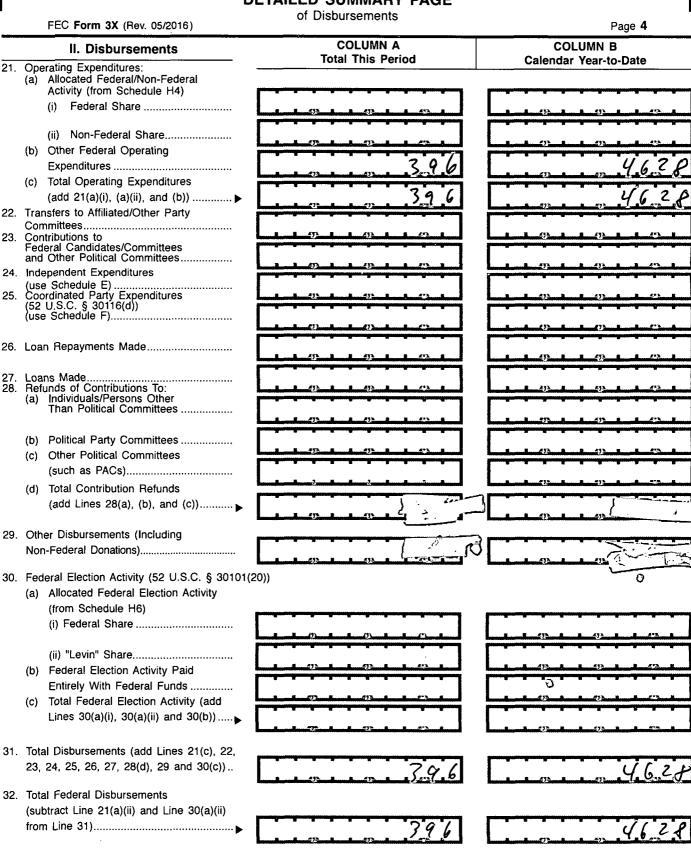
Page 3

FEC Form 3X (Rev. 05/2016)

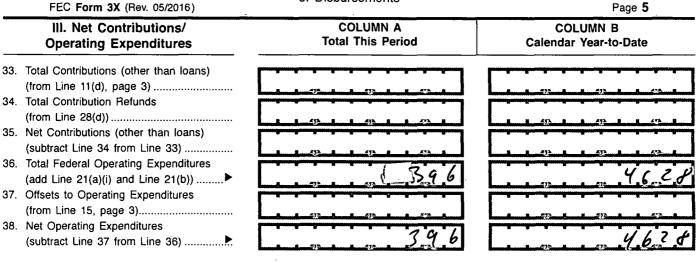
Write or Type Committee Name



DETAILED SUMMARY PAGE



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Other (Specify):	Date of Receipt or Postmarked					
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