		Amendment
Disclosure Report Cover	. I I I I mitted alon	Tyes No No with other detailed forms.
The this form for general report and committee information	n, must be signed and submitted alon	g with other detailed forms.
Do not use this form to update information.		
I. Committee Information	<u> Pietra i pertanta il regioni di pare devota il regiona e devota e della e de</u>	c. ID Number
a. Full Name		87-111-2401
This CAM Daise Committee	<u> </u>	d. Date Filed
b. Mailing Address (include City, State and Zip Code)		
PD Bot 3 9221		e. Phone Number
B1 1 tto 116		e. Priode idminer
Charlo113 1 2827	' 8	
2. Report Year 3. Period Start Date (nim/dd/yy). 4. Perio	od End Date (mm/dd/yy) 5. Treasure	r Full Name
20019 09/25/2019 13	431/2019 BEVE	Ply Milaro
6. Type of Committee (Check One) 9, Type of	Report (check only one type of repo	rt from one category)
67 Candidate Campaign Party Municipal	State/County	Referendum
PAC Referendum Organiza		Organizational Pre-referendum
Independent Expenditure I Joint Fundraiser I Thirty-fiv		Final
Legal Expense Fund	ary	Supplemental Final
	1011	Annual
7. Type of Fund (if applicable, check one) Pre-runo Booster Fund Semi-ant		Special
Booster Fund Building Fund Mid	l Year Semi-annual	
Yea	r End Mid Year	10. Special Report Name
Y Other:	Year End	
8. Number of Fundraisers this Report: Special	Final	
0	☐ Special	
11. Account Information	11. Account Information	
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11. Account Information a. Financial Institution Full Name BANIC Of America	11, Account Information a. Financial Institution Full Name) le Account Code
11. Account Information a. Financial Institution Full Name BALC Of America b. Purpose c. Account Code	11. Account Information	c. Account Code
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Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information.

Amendment No

. Committee Full Name (and Fund if applicable) 2. Typ	e of Report	3	. ID Number
Start of Election Cycle: January 1,		Total this Reporting Period	Total this Election Cycle
4) 7 Cash on Hand at Start		\$	\$ 4 3 1 736
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$	\$5,398, 25
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d c	and 11e)	\$	\$ 5, 398. 25
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$5,692.58	\$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 c)	md 17)	\$ 5, 692.58	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract I		\$	\$ 441.71
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)		\$
	(CRO-2220)	\$	\$
	(CRO-1215)		\$
28) Contributions to be Refunded] *	August 2008

	1	Amendr	ment
Disbursements	Pg	of	Yes
Use this form to report expenditures from the committee for; o	perating expenses, contribu	tions to ¢andidate/politica	al

committees and coordinated party expenditures. 2. ID Number 1. Committee Full Name (and Fund if applicable) Compaix Committee (Please use separate CRO-1310 forms for each type of Disbursement.) 3. Type of Disbursement Coordinated Party Expenditures Contributions to Candidates/Political Committees Operating Expenses Remove Add 4. Payee Information d. Comments b. Coordinated Committee Name a. Full Name, Mailing Address & Phone (include city, state, & zip) Sky And Kestamon c. Level Registered (Specify) County: Federal e. Election Sum to Date Municipality: State k, Required Remarks j. Amount h. Purpose Code i. Date (mm/dd/yyyy) g. Form of Payment f. Account Code Watch night party Refreshments Debtcard 9267 Remove Add 4. Payee Information d. Comments b. Coordinated Committee Name a. Full Name, Mailing Address & Phone (include city, state, & zip) Kim Derly L c. Level Registered (Specify) County: Federal e. Election Sum to Date . Municipality: State \$ k. Required Remarks h. Purpose Code i. Date (mm/dd/yyyy) i. Amount g. Form of Payment f. Account Code \$ 100.00 \$ Remove 4. Payee Information d. Comments b. Coordinated Committee Name a. Full Name, Mailing Address & Phone (include city, state, & zip) Fre Just & Printing c. Level Registered (Specify) 凶 County: Federal e. Election Sum to Date Municipality: State k. Required Remarks h. Purpose Code i. Date (mm/dd/yyyy) 13/2019 \$1,946.89 molley. mailer 13/2019 \$595.24 Printing for mailes g. Form of Payment f, Account Code MAT 1030 Ch# 1031 5. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) D - To Another Candidate C* - Fundraising A* - Media B* - Printing H* - Holding Public Office Expenses G - Political Party F* - Equipment E - Salaries Q* - Donation to Legal Expense Fund K* - Office Expenses J - Penalties I - Postage O* - Other * Codes require detailed explanation in required remarks field (k)

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Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

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	ıll Name (and Fund		1	i II-a		Z. ID Number
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	ng Address & Phone		ADDRESS SERVICES	oordinated Committee Na	New York I Provident Host Anna Hard Anna Control	d. Comments
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f. Account Code	g. Form of Payment	h. Purpose Code	<u>i</u>	. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
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f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k, Required Remarks
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	ides (List detailed e					
A* - Media	B* - Printing	c* - Fu				ner Candidate
E - Salaries	F* - Equipmen	t G - Poli	tical F	Party	H* - Holdin	g Public Office Expenses
I - Postage	J - Penalties	K* - Of	fice E	Expenses	Q* - Donati	on to Legal Expense Fund
O* - Other	to do the description			arks field (k)		
- l - s Codes requ	ire detailed explana	non m required	ı ÇIII (ar və tiem (v)		

Pg 3 of 4 Amendment Ves No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures. 2. ID Number 1, Committee Full Name (and Fund if applicable) 82-116-2421 Shipp Campaign Committee Please use separate CRO-1310 forms for each type of Disbursement.) 3. Type of Disbursement Coordinated Party Expenditures Contributions to Candidates/Political Committees ✓ Operating Expenses 4. Payce Information AddRemove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone Radio campaign ANNOUS EMTS (include city, state, & zip) Kadio ONE c. Level Registered (Specify) County: Federal e. Election Sum to Date State Municipality: k. Required Remarks h. Purpose Code i. Amount g. Form of Payment i. Date (mm/dd/yyyy) f. Account Code Redio compais \$1,070.00 CH# 1027 Remove 4. Payee Information d. Comments b. Coordinated Committee Name a. Full Name, Mailing Address & Phone printing of endorseming (include city, state, & zip) Black Political Cancus c, Level Registered (Specify) Federal X County: Municipality: e, Election Sum to Date State k. Required Remarks h. Purpose Code i. Date (mm/dd/yyyy) i. Amount g. Form of Payment f. Account Code printing of compais 10/25/2019 500.0 CK# 1028 ENDINSEMENT MAILES \$ Add Remove 4. Payee Information d. Comments b. Coordinated Committee Name a. Full Name, Mailing Address & Phone ENdersement (include city, state, & zip) CL ENTER HARMON Net WETWINK c. Level Registered (Specify) Federal County: e, Election Sum to Date Municipality: State k. Required Remarks h. Purpose Code i. Date (nim/dd/yyyy) f. Account Code g. Form of Payment EN Dorserwit Debit card 5. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) D - To Another Candidate C* - Fundraising A* - Media B* - Printing H* - Holding Public Office Expenses G - Political Party E - Salaries F* - Equipment O* - Donation to Legal Expense Fund K* - Office Expenses J - Penalties I - Postage O* - Other

* Codes require detailed explanation in required remarks field (k)

Disbursements	Di	sb	ur	se	m	en	ts
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Amendment X No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)			2. ID Number 82~ 1/6 - 2421
Shipp CAMpaign Committee		633	
	R <i>O-1310 forms for each type</i> didates/Political Committees	e of Disbursemen	dinated Party Expenditures
Ga opania	The second secon	Remove	Sinace Tarry Experiences
4. Payee Information	b. Coordinated Committee Nam	STATE OF STA	d. Comments
a. Full Name, Mailing Address & Phone	D. Coordinated Committee Ham		
(include city, state, & zip)			(Ampaig)
Anthony Pelham	c. Level Registered (Specify)		Moderals Moderation
		County:	pann
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f Account Code g. Form of Payment h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k, Required Remarks
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a. Full Name, Mailing Address & Phone	D. Coolainatea Committee	1	Campaign
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(include city, state, & zip)			
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6, Total of ALL CRO-1310 Pages			
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(This line goes in line 13c of Detailed Summary Page CRO-11		ires)	
7. Purpose Codes (List detailed expenditure code i	n (h.) above) ndraising	D - To Anoth	ner Candidate
	naraising tical Party	H* - Holding	g Public Office Expenses
	fice Expenses		on to Legal Expense Fund
O* - Other			
* Codes require detailed explanation in required	remarks Held (k)		

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Contributions from Individuals

Amendment
Yes No