Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

																	_	
Filer Identificati Number :	ion 2020	0277			Repo Filed			CANDI	DATE		СОМІ	MITTEE	✓	LOBI	BYIST			
Name of Filing C	Committee, Candid	ate or L	obbyist:		WIN	PA	PAC											
Street Address:	Street Address: 1747 PENNSYLVANIA AVENUE NW,SUITE 800																	
City:	WASHINGTON	J					State: DC					Zip Co	Zip Code: 20006					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.		30 DA PRIMA		POST- 3.		AMENDMENT REPORT?		Yes	No	`			
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDA ELECTION	Y PRE	5.						TERMIN/ REPORT		Yes	Nc	>	/		
report type)	ANNUAL REPORT	7.	Year 2020					IG METHO CHECK O	-			PAPER		\checkmark	DISKE	TTE		
Name of Office S	- Sought by Candida	te:						DATE O	F ELE	стіо	N	District Number	Office Code	Par	ty Code	County	,	
	····j····							мо	DAY	YE	AR	Number	Code			Code	-	
								11		3	2020		(SEE INS	TRUCTI	ONS FOR	CODES)	_	
	Receipts and	мо	DAY	YEAR	2			мо	DAY	YE	AR	FC	R OFFIC	E USE	ONLY			
Expenditures	s from:		8 19	2	020	Т	C	9	1	14	2020							
A. Amount Bro	ught Forward Fror	n Last R	eport				\$				0.00							
B. Total Monet	ary Contributions	And Rec	eipts (From	n Sche	dule 1	[)	\$			50,0	00.00							
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			50,0	00.00							
D. Total Expen	ditures (From Sch	edule II	I)				\$			50,0	00.00							
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$				0.00							
F. Value Of In-	Kind Contributions	6 Receiv	ed (From S	chedu	le II)		\$				0.00							
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	')			\$				0.00							
				AFF	IDA	VI٦	⁻ SE	CTION										
PART I - If this is	s a Committee rep	ort, trea	surer sign	here.	If this	is is	a Can	ndidate re	eport, c	andio	date sig	gn here.						
I swear (or affirm correct and compl) that this report, incl ete.	uding the	e attached scl	hedule	s filed	on p	aper	or by elect	ronic me	edium	, are to t	the best o	f my know	vledge	and beli	ef , true		
Sworn to and subs	cribed before me this day of	5	20							s	ignature	e of Perso	n Submitt	ing Rep	oort			
		re					-					Prin	ted Name					
My Commission E	-											Ema	il					
	мо	D	AY	YR			•		Are	ea Cod	le	Daytim	e Teleph	one Nu	mber			
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee	, Ca	ndid	ate shall	sign he	ere.							٦	
I swear (or affirm) No 320) as amende	that to the best of ned.	ny knowle	edge and beli	ef this	politic	al o	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,		
Sworn to and subscribed before me this											s	ignature o	of Candida	ite				
	day of											Printe	ed Name					
My Commission Exp	Signature											Ema	il					
	МО	D	AY	YR	l				Area	Code		D	aytime Te	elephon	e Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed Summary Page				
Name of Filing Committee or Candidate	Reporting	g Period		
WIN PA PAC	From:	<u>8/19/20</u>	<u>20</u> To:	<u>9/14/2020</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	0.00
2. Contributions Received - \$50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	50,000.00
TOTAL for the Reporting	Period	(3)	\$	50,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)			-	
TOTAL for the Reporting	Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add and totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page			\$	50,000.00

PART A CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate				Reporting Period					
				From: To:					
		·			DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	4)						
								PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	0.00	

PART B ALL OTHER CONTRIBUTIONS \$50.01 TO \$250.00 Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part A)									
Name of Filing Committee or Candidate Reporting Period									
			From: To				0:		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address	_	_					\$	0.00	
City	State	Zip Code (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$								0.00	

PART C Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting Period						
						То:			
				DA	TE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							- \$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Sched	age, Section 3.				\$	0.00			

PART D ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of

over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate				Reporting Period						
WIN PA PAC			From:		<u>8/19/2</u>	<u>020</u> T	<u>0</u> To: <u>9/14/20</u>			
				DA	TE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR	2	\$ 50,000.00		
Republican Attorneys General Association	on							φ <u>50,000.00</u>		
Mailing Address 1747 Pennsylvania	Ave NW, Suite 800			8	19	202	0			
City Washington	State	Zip Code (Plus	54)	Ŭ	19		Ĭ			
	DC	20006								
Employer Name N/A				Occupat	ion	N/A				
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code (Plus 4)			
1747 Pennsylvania Ave NW, Suite 800		Washingto	on		DC		20	0006		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Se						Γ		PAGE TOTAL		
		· • • • • • • • • • • • • • • • • • • •					\$	50,000.00		

PART E **OTHER RECEIPTS**

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC. Use this Part to report refunds received, interest earned, returned checks and

prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate			Reporting Period						
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary Page,	Section	4.			\$		0.00

SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
WIN PA PAC	From:	<u>8/19/2020</u> То:	<u>9/14/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:			-					
Enter Grand Total of Part F on Section 2.	Schedule II, In-Kii	nd Contributions Detai	led Sum	mary Pag	je,	F	PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period					
						То:			
					DATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$ 0.00		
City	State	Zip Code(Plus 4)							
Employer of Contributor				Occupa	ation				
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution		
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kin	d Contributions D	etaile	ed			PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period					
WIN PA PAC				<u>8/19/2020</u> To: <u>9/14</u>				
	DATE AMOUN							
To Whom Paid			мо	DAY	YEAR			
Convergence Media LLC								
Mailing Address 1010 N Fairfax S	Street, 2nd Floor		8	19	2020	\$	50,000.00	
City Alexandria	State	Zip Code (Plus 4)	Description of Expenditure					
	VA	22314	Digital /	Advertising	ļ			
							PAGE TOTAL	
Enter Grand Total of Expenditur	es on Page 1, Re	eport Cover Page, Item	D.			\$	50,000.00	