

**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**
E-PAC

ADDRESS (number and street) **PO BOX 500**
Check if different than previously reported. (ACC) **GLEN FALLS NY 12801**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00570945 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:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y
02 01 2024 through **02 29 2024**

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 **HOBBS, CABELL, , ,**

Signature of Treasurer **HOBBS, CABELL, , ,** Date M M M / D D D / Y Y Y Y Y Y
03 20 2024

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

E-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="2024"/>		<input type="text" value="115542.91"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="81956.75"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="142425.61"/>	<input type="text" value="226833.15"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="224382.36"/>	<input type="text" value="342376.06"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="102344.93"/>	<input type="text" value="220338.63"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="122037.43"/>	<input type="text" value="122037.43"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

E-PAC

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

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).....	13579.75	13579.75
(ii) Unitemized	4290.37	8823.28
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	17870.12	22403.03
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	15500.00	15500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	33370.12	37903.03
12. Transfers From Affiliated/Other Party Committees.....	109055.49	188930.12
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)).....▶	142425.61	226833.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	142425.61	226833.15

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	35344.93	48338.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	35344.93	48338.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	67000.00	172000.00
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	0.00
(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	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
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)) ..	102344.93	220338.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	102344.93	220338.63

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)	33370.12	37903.03
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33370.12	37903.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	35344.93	48338.63
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	35344.93	48338.63

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 293
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
E-PAC

A. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **PO BOX 9891**

City ARLINGTON	State VA	Zip Code 22219-1891
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FEC ID number of contributing federal political committee. **C C00694323**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
17600.45

Date of Receipt
02 / 06 / 2024
Transaction ID : SA11C.1048149

Amount of Each Receipt this Period
6224.65

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. HALEY, BRIAN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **2224 PARKWAY**

City AUSTIN	State TX	Zip Code 78703-3111
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
CB CAPITAL MANAGING ZDIRECTI

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
02 / 06 / 2024
Transaction ID : SA11A.1048267

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **PO BOX 9891**

City ARLINGTON	State VA	Zip Code 22219-1891
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FEC ID number of contributing federal political committee. **C C00694323**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
17600.45

Date of Receipt
02 / 13 / 2024
Transaction ID : SA11C.1075941

Amount of Each Receipt this Period
890.40

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....	5000.00
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: (check only one)	PAGE 7 OF 293
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
E-PAC

A. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 574.75

Date of Receipt 02 / 13 / 2024
Transaction ID : SA11A.1076028
 Amount of Each Receipt this Period 8.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LIPSCHULTZ, MARC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 RAILROAD PL STE 301
 City SARATOGA SPRINGS State NY Zip Code 12866-2386
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BLUE OWL CAPITAL Occupation (for Individual) CO-CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 16 / 2024
Transaction ID : SA11A.1076822
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

C. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 17600.45

Date of Receipt 02 / 27 / 2024
Transaction ID : SA11C.1104346
 Amount of Each Receipt this Period 5088.30
 Memo Item
 CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....	5008.50
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 8 OF 293
(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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NAME OF COMMITTEE (In Full)
E-PAC

A. CHAPPELL, MICHAEL, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2818 UNIVERSITY TER NW
 SUITE 950
 City WASHINGTON State DC Zip Code 20016-3459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FIERCE GOVERNMENT RELATIONS Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA11A.1104543
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 709.80

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA11A.1104445
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 574.75

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA11A.1104455
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	510.00
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: (check only one)	PAGE 9 OF 293
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
E-PAC

A. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 574.75

Date of Receipt
 02 / 27 / 2024
Transaction ID : SA11A.1104459
 Amount of Each Receipt this Period 8.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 574.75

Date of Receipt
 02 / 27 / 2024
Transaction ID : SA11A.1104465
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 574.75

Date of Receipt
 02 / 27 / 2024
Transaction ID : SA11A.1104466
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	28.50
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 10 OF 293
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOBYAN, ROBERT, , ,

Mailing Address 433 SOUTH 7TH STREET

City MINNEAPOLIS	State MN	Zip Code 55415-1626
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
574.75

Date of Receipt
MM / DD / YYYY
02 / 27 / 2024

Transaction ID : SA11A.1104467

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOBYAN, ROBERT, , ,

Mailing Address 433 SOUTH 7TH STREET

City MINNEAPOLIS	State MN	Zip Code 55415-1626
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
574.75

Date of Receipt
MM / DD / YYYY
02 / 27 / 2024

Transaction ID : SA11A.1104469

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOBYAN, ROBERT, , ,

Mailing Address 433 SOUTH 7TH STREET

City MINNEAPOLIS	State MN	Zip Code 55415-1626
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
574.75

Date of Receipt
MM / DD / YYYY
02 / 27 / 2024

Transaction ID : SA11A.1104473

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	30.00
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: (check only one)	PAGE 11 OF 293
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
E-PAC

A. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 574.75

Date of Receipt
 02 / 27 / 2024
Transaction ID : SA11A.1104476
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 574.75

Date of Receipt
 02 / 27 / 2024
Transaction ID : SA11A.1104478
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 574.75

Date of Receipt
 02 / 27 / 2024
Transaction ID : SA11A.1104479
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	30.00
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: (check only one)	PAGE 12 OF 293
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
E-PAC

A. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 574.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA11A.1104480
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 574.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA11A.1104483
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 574.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA11A.1104484
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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: (check only one)	PAGE 13 OF 293
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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)
E-PAC

A. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 574.75

Date of Receipt
 02 / 27 / 2024
Transaction ID : SA11A.1104485
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 574.75

Date of Receipt
 02 / 27 / 2024
Transaction ID : SA11A.1104486
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 574.75

Date of Receipt
 02 / 27 / 2024
Transaction ID : SA11A.1104490
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	30.00
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: (check only one)	PAGE 14 OF 293
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
E-PAC

A. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 574.75

Date of Receipt 02 / 27 / 2024
Transaction ID : SA11A.1104491
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 574.75

Date of Receipt 02 / 27 / 2024
Transaction ID : SA11A.1104495
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 574.75

Date of Receipt 02 / 27 / 2024
Transaction ID : SA11A.1104500
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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: (check only one)	PAGE 15 OF 293
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
E-PAC

A. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 574.75

Date of Receipt
 02 / 27 / 2024
Transaction ID : SA11A.1104502
 Amount of Each Receipt this Period 12.75
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 574.75

Date of Receipt
 02 / 27 / 2024
Transaction ID : SA11A.1104507
 Amount of Each Receipt this Period 21.25
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 574.75

Date of Receipt
 02 / 27 / 2024
Transaction ID : SA11A.1104513
 Amount of Each Receipt this Period 21.25
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	55.25
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: (check only one)	PAGE 16 OF 293
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOBYAN, ROBERT, , ,

Mailing Address 433 SOUTH 7TH STREET

City MINNEAPOLIS	State MN	Zip Code 55415-1626
---------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
574.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA11A.1104517

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOBYAN, ROBERT, , ,

Mailing Address 433 SOUTH 7TH STREET

City MINNEAPOLIS	State MN	Zip Code 55415-1626
---------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
574.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA11A.1104519

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOBYAN, ROBERT, , ,

Mailing Address 433 SOUTH 7TH STREET

City MINNEAPOLIS	State MN	Zip Code 55415-1626
---------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
574.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA11A.1104520

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	75.00
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: (check only one)	PAGE 17 OF 293
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
E-PAC

A. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 574.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA11A.1104531
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 574.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA11A.1104536
 Amount of Each Receipt this Period 63.75
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 574.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA11A.1104538
 Amount of Each Receipt this Period 63.75
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	177.50
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: (check only one)	PAGE 18 OF 293
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
E-PAC

A. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 574.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA11A.1104539
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. KIMBELL, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 950 AERIE DR.
 City PARK CITY State UT Zip Code 84060-8846
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) HEALTH CARE CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA11A.1104544
 Amount of Each Receipt this Period 2500.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

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).....	2575.00
TOTAL This Period (last page this line number only).....	13579.75

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. US ONCOLOGY INC. NETWORK POLITICAL ACTION COMMITTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10101 WOODLOCH FOREST DR.
 City THE WOODLANDS State TX Zip Code 77380-1975
 FEC ID number of contributing federal political committee. **C** C00339655
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **02 / 01 / 2024**
Transaction ID : SA11C.1038028
 Amount of Each Receipt this Period 2500.00
 Memo Item
CONTRIBUTION

B. NATIONAL APARTMENT ASSOCIATION PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4300 WILSON BLVD STE 400
 City ARLINGTON State VA Zip Code 22203-4167
 FEC ID number of contributing federal political committee. **C** C00113241
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA11C.1105182
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

C. NATIONAL ASSOCIATION OF CONVENIENCE STORES PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 DUKE ST
 City ALEXANDRIA State VA Zip Code 22314-3466
 FEC ID number of contributing federal political committee. **C** C00126763
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA11C.1105183
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	12500.00
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: (check only one)	PAGE 20 OF 293
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
E-PAC

A. UNITEDHEALTH GROUP INC PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 BREN RD E
 City MINNETONKA State MN Zip Code 55343-9603
 FEC ID number of contributing federal political committee. **C** C00274431
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA11C.1105181
 Amount of Each Receipt this Period
 3000.00
 Memo Item
CONTRIBUTION

B.
 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 / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 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 / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	15500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. STEFANIK-MAZI NY VICTORY

Mailing Address **228 S WASHINGTON ST STE 115**

City ALEXANDRIA	State VA	Zip Code 22314-5404
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00864371**

Name of Employer (for Individual)	Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
24762.91

Date of Receipt
02 / 28 / 2024

Transaction ID : SA12.1105695

Amount of Each Receipt this Period
24762.91

Memo Item
TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BRENNAN, DON, , ,

Mailing Address **681 WYCKOFF AVE**

City MAHWAH	State NJ	Zip Code 07430-3016
-----------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RECON	Occupation (for Individual) PRESIDENT
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1865.29

Date of Receipt
02 / 28 / 2024

Transaction ID : SA12.1105698

Amount of Each Receipt this Period
1865.29

Memo Item
TRANSFER

JFC ATTRIB: STEFANIK-MAZI NY VICTORY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. BRYDEN, ELIZABETH, , MS.,

Mailing Address **1 W 67TH ST**

City NEW YORK	State NY	Zip Code 10023-6200
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
02 / 28 / 2024

Transaction ID : SA12.1105697

Amount of Each Receipt this Period
1000.00

Memo Item
TRANSFER

JFC ATTRIB: STEFANIK-MAZI NY VICTORY

SUBTOTAL of Receipts This Page (optional).....	24762.91
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: (check only one)	PAGE 22 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. BRYDEN, LEWIS, RENTON, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 WEST 67TH STREET
 City NEW YORK State NY Zip Code 10023-6200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) ARTIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2024
Transaction ID : SA12.1105702
 Amount of Each Receipt this Period
 2450.00
 Memo Item
 TRANSFER
 JFC ATTRIB: STEFANIK-MAZI NY VICTORY

B. CASSIDY, ALBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 ELOISE LOOP RD.
 City WINTER HAVEN State FL Zip Code 33884-2850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2024
Transaction ID : SA12.1105701
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 TRANSFER
 JFC ATTRIB: STEFANIK-MAZI NY VICTORY

C. DUNN, WILLIAM, J., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1982 HAWKSNEST DR
 City PORT ORANGE State FL Zip Code 32128-7381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CENTRAL FLORIDA RETINA Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2024
Transaction ID : SA12.1105704
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 TRANSFER
 JFC ATTRIB: STEFANIK-MAZI NY VICTORY

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 23 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
E-PAC

A. FRANKLIN, CHARLOTTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12500 SAN PEDRO AVENUE
 City SAN ANTONIO State TX Zip Code 78216-2858
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt 02 / 28 / 2024
Transaction ID : SA12.1105699
 Amount of Each Receipt this Period 3300.00
 Memo Item
 TRANSFER
 JFC ATTRIB: STEFANIK-MAZI NY VICTORY

B. LOW, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 STAR FARM RD
 City HARRISON State NY Zip Code 10577-2627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EDWARD LOW SONS Occupation (for Individual) TRADER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 28 / 2024
Transaction ID : SA12.1105705
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 JFC ATTRIB: STEFANIK-MAZI NY VICTORY

C. RAPHAEL, IRVING, G., DR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7301 DARTMOOR XING
 City FAYETTEVILLE State NY Zip Code 13066-2477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 02 / 28 / 2024
Transaction ID : SA12.1105696
 Amount of Each Receipt this Period 200.00
 Memo Item
 TRANSFER
 JFC ATTRIB: STEFANIK-MAZI NY VICTORY

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 24 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. STANFILL, SHARON, , ,

Mailing Address **43 HUCKLEBERRY HILL RD**

City LINCOLN	State MA	Zip Code 01773-3508
------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4950.00

Date of Receipt
02 / 28 / 2024

Transaction ID : SA12.1105700

Amount of Each Receipt this Period
4950.00

Memo Item
TRANSFER

JFC ATTRIB: STEFANIK-MAZI NY VICTORY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. TERWILLIGER, PATRICIA, B., ,

Mailing Address **6020 WINTERTHUR DR.**

City SANDY SPRINGS	State GA	Zip Code 30328-4623
------------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
02 / 28 / 2024

Transaction ID : SA12.1105703

Amount of Each Receipt this Period
1100.00

Memo Item
TRANSFER

JFC ATTRIB: STEFANIK-MAZI NY VICTORY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. ELISE VICTORY FUND

Mailing Address **P.O. BOX 500**

City GLENS FALLS	State NY	Zip Code 12801-0500
----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00630632**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
143634.44

Date of Receipt
02 / 29 / 2024

Transaction ID : SA12.1106566

Amount of Each Receipt this Period
63759.81

Memo Item
TRANSFER

SUBTOTAL of Receipts This Page (optional).....	63759.81
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: (check only one)	PAGE 25 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. BICHARA, ANTHONY, GHOSN, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 LAVACA STREET
 City AUSTIN State TX Zip Code 78701-4579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SHOGUN INC. Occupation (for Individual) EXECUTIVE CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 21 / 2024
Transaction ID : SA.1087652.3.EV38
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

B. BRINKER, NANCY, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 VIA TORTUGA
 City PALM BEACH State FL Zip Code 33480-3638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 28 / 2024
Transaction ID : SA.1105348.3.EV38
 Amount of Each Receipt this Period 1000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

C. BRODSKY, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 259 CLARKE AVE
 City PALM BEACH State FL Zip Code 33480-6124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4700.00

Date of Receipt 02 / 08 / 2024
Transaction ID : SA.1048767.3.EV38
 Amount of Each Receipt this Period 3000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 26 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. BRYDEN, ELIZABETH, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 W 67TH ST
 City NEW YORK State NY Zip Code 10023-6200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1049711.3.EV38
 Amount of Each Receipt this Period 2000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

B. CASSIDY, ALBERT, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 346 E. CENTRAL AVENUE
 City WINTER HAVEN State FL Zip Code 33880-3046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CASSIDY HOLDINGS Occupation (for Individual) INVESTMENT REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt **01 / 31 / 2024**
Transaction ID : SA.1037860.3.EV38
 Amount of Each Receipt this Period -5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

C. CASSIDY, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 724 N 24TH ST
 City PHILADELPHIA State PA Zip Code 19130-2535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FXC Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3800.00

Date of Receipt **02 / 07 / 2024**
Transaction ID : SA.1048652.3.EV38
 Amount of Each Receipt this Period 3300.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 27 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. CASSIDY, MICHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2812 W MORRISON AVENUE
 City TAMPA State FL Zip Code 33629-5335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VMAR DEV LLC Occupation (for Individual) LAND DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 07 / 2024
Transaction ID : SA.1048678.3.EV38
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

B. DIAZ, REMEDIOS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 GROVE ISLE DR. APT 1701
 City MIAMI State FL Zip Code 33133-4106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 23 / 2024
Transaction ID : SA.1105711.3.EV38
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

C. DUNN, WILLIAM, J., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1982 HAWKSNEST DR
 City PORT ORANGE State FL Zip Code 32128-7381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CENTRAL FLORIDA RETINA Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 19 / 2024
Transaction ID : SA.1012652.3.EV38
 Amount of Each Receipt this Period - 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 28 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. DUNN MD, WILLIAM J., , ,		Date of Receipt MM / DD / YYYY 02 / 23 / 2024
Mailing Address 564 HEALTH BOULEVARD		Transaction ID : SA.1088786.3.EV38
City DAYTONA BEACH	State FL	Zip Code 32114-1492
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1400.00
Name of Employer (for Individual) SELF	Occupation (for Individual) M.D.	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	TRANSFER
		TRANSFER FROM ELISE VICTORY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. DYBCIO, BOB, , ,		Date of Receipt MM / DD / YYYY 02 / 09 / 2024
Mailing Address 10700 W STATE ROAD 10		Transaction ID : SA.1049014.3.EV38
City DEMOTTE	State IN	Zip Code 46310-8436
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	TRANSFER
		TRANSFER FROM ELISE VICTORY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. DYBCIO, BOB, , ,		Date of Receipt MM / DD / YYYY 02 / 09 / 2024
Mailing Address 10700 W STATE ROAD 10		Transaction ID : SA.1049016.3.EV38
City DEMOTTE	State IN	Zip Code 46310-8436
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3000.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 5000.00	TRANSFER
		TRANSFER FROM ELISE VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 29 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. GROSFELD, JASON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10877 WILSHITE BLVD, STE 200
 City LOS ANGELES State CA Zip Code 90024-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IRONGATE Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3400.00

Date of Receipt 02 / 07 / 2024
Transaction ID : SA.1048674.3.EV38
 Amount of Each Receipt this Period 3400.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

B. HAAHEIM, CAROLYN, JEANNETTE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2681 AGATE MEADOWS
 City WHITE CITY State OR Zip Code 97503-1402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4998.00

Date of Receipt 02 / 05 / 2024
Transaction ID : SA.1038281.3.EV38
 Amount of Each Receipt this Period 4997.63
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

C. HAAHEIM, CAROLYN, JEANNETTE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2681 AGATE MEADOWS
 City WHITE CITY State OR Zip Code 97503-1402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4998.00

Date of Receipt 02 / 19 / 2024
Transaction ID : SA.1076879.3.EV38
 Amount of Each Receipt this Period 0.37
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 30 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. HASLAM, JAMES, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 10146
 City KNOXVILLE State TN Zip Code 37939-0146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PILOT TRAVEL CENTERS LLC Occupation (for Individual) PRESIDENT/C.E.O.
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

Date of Receipt 02 / 07 / 2024
Transaction ID : SA.1048676.3.EV38
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

B. LEEDS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5130 N BAY RD
 City MIAMI BEACH State FL Zip Code 33140-2009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SYSTEMAX INC Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 3300.00

Date of Receipt 02 / 15 / 2024
Transaction ID : SA.1076221.3.EV38
 Amount of Each Receipt this Period 3300.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

C. LEWIS, EARL, R., , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 87 PINCKNEY STREET
 City BOSTON State MA Zip Code 02114-4303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

Date of Receipt 02 / 19 / 2024
Transaction ID : SA.1076868.3.EV38
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 31 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MASSEY, MICHAEL, HOLT, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 MERRIMAC ST
 City BOSTON State MA Zip Code 02114-4728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OWNER Occupation (for Individual) MH MASSEY & CO LLC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 03 / 2024
Transaction ID : SA.1038259.3.EV38
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

B. MORGAN, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4805 N GREENTREE DR. W
 City LITCHFIELD PARK State AZ Zip Code 85340-5046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 08 / 2024
Transaction ID : SA.1048762.3.EV38
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

C. NAPIER, STEVEN, PAUL, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 235 W 75TH ST APT 513
 City NEW YORK State NY Zip Code 10023-0155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EY BERMUDA LTD Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 28 / 2024
Transaction ID : SA.1105342.3.EV38
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 32 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. STAHL, LEWIS, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 161 W 61ST ST
 City NEW YORK State NY Zip Code 10023-7400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NEXTGEN MANAGEMENT LLC Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 08 / 2024
Transaction ID : SA.1048770.3.EV38
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

B. WYNN, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2449 NORTH TENAYA WAY
 City LAS VEGAS State NV Zip Code 89128-9995
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VALMORE GP Occupation (for Individual) ENTREPRENEUR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 20 / 2024
Transaction ID : SA.1087610.3.EV38
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

C. ZERVOS, JOANNE, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 JEFFREY LN
 City WESTHAMPTON BEACH State NY Zip Code 11978-1443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3440.84

Date of Receipt 02 / 12 / 2024
Transaction ID : SA.1049700.3.EV38
 Amount of Each Receipt this Period 3300.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 33 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. NATIONAL SHOOTING SPORTS FOUNDATION INC PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 CORPORATE DR.
STE 650

City SHELTON State CT Zip Code 06484-6271

FEC ID number of contributing federal political committee. **C** C00480863

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
02 / 08 / 2024
Transaction ID : SA.1048769.3.EV38

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER
TRANSFER FROM ELISE VICTORY FUND

B. REPUBLICAN JEWISH COALITION PAC - EARMARKS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 F ST NW STE 100

City WASHINGTON State DC Zip Code 20001-1590

FEC ID number of contributing federal political committee. **C** C00345132

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1225.00

Date of Receipt
02 / 07 / 2024
Transaction ID : SA.1076819.3.EV38

Amount of Each Receipt this Period
250.00

Memo Item
TRANSFER
TRANSFER FROM ELISE VICTORY FUND

C. US CUBA DEMOCRACY PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1200 W 49TH ST

City HIALEAH State FL Zip Code 33012-3217

FEC ID number of contributing federal political committee. **C** C00387720

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
02 / 24 / 2023
Transaction ID : SA.710170.3.EV38

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER
2023 AGGREGATE; TRANSFER FROM ELISE VICTORY FUND

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 34 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. HOUSE GOP BATTLEGROUND FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **PO BOX 500**

City GLENS FALLS	State NY	Zip Code 12801-0500
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FEC ID number of contributing federal political committee. **C C00837492**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7922.21

Date of Receipt
02 / 29 / 2024

Transaction ID : SA12.1124870

Amount of Each Receipt this Period
7922.21

Memo Item
TRANSFER

B. ARCHER, LYNNE, MARGARET, ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **20 SAINT PETERS WALK**

City SUGAR LAND	State TX	Zip Code 77479-2525
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
ARCHER CHRYSLER-JEEP/ DODGE R-V **TREASURER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
01 / 05 / 2024

Transaction ID : SA.1002727.31.BG05

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER

TRANSFER FROM HOUSE BATTLEGROUND FUND

C. BRODIE, STEFAN, E., ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **210 WEST RITTENHOUSE SQUARE**

City PHILADELPHIA	State PA	Zip Code 19103-5726
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
BRODIE GENERATIONAL CAPITAL PARTNERS **CEO**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
01 / 07 / 2024

Transaction ID : SA.1002772.31.BG05

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER

TRANSFER FROM HOUSE BATTLEGROUND FUND

SUBTOTAL of Receipts This Page (optional).....	7922.21
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: (check only one)	PAGE 35 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. BRYDEN, LEWIS, RENTON, ,

Mailing Address **1 WEST 67TH STREET**

City NEW YORK	State NY	Zip Code 10023-6200
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) ARTIST
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
02 / 28 / 2024

Transaction ID : SA.1105341.31.BG05

Amount of Each Receipt this Period
2550.00

Memo Item
TRANSFER

TRANSFER FROM HOUSE BATTLEGROUND FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. TEAM ELISE

Mailing Address **PO BOX 500**

City GLENS FALLS	State NY	Zip Code 12801-0500
----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C** **C00830679**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12610.56

Date of Receipt
02 / 29 / 2024

Transaction ID : SA12.1106682

Amount of Each Receipt this Period
12610.56

Memo Item
TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. BONIN, JUDY, A., MISS,

Mailing Address **187 EDGEFIELD LN**

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
01 / 04 / 2024

Transaction ID : SA.1001181.24.TE08

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	12610.56
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: (check only one)	PAGE 36 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 09 / 2024

Transaction ID : SA.1004302.24.TE08

Amount of Each Receipt this Period
8.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 09 / 2024

Transaction ID : SA.1004514.24.TE08

Amount of Each Receipt this Period
15.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 09 / 2024

Transaction ID : SA.1004556.24.TE08

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 37 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		09		2024

Transaction ID : SA.1004772.24.TE08

Amount of Each Receipt this Period
49.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2024

Transaction ID : SA.1009043.24.TE08

Amount of Each Receipt this Period
8.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1109.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2024

Transaction ID : SA.1009061.24.TE08

Amount of Each Receipt this Period
8.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 38 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON State VA Zip Code 24401-6287

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

Name of Employer (for Individual) SELF Occupation (for Individual) HORSE BOARDING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1109.01

Date of Receipt 01 / 16 / 2024
Transaction ID : SA.1009695.24.TE08

Amount of Each Receipt this Period 15.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON State VA Zip Code 24401-6287

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

Name of Employer (for Individual) SELF Occupation (for Individual) HORSE BOARDING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1109.01

Date of Receipt 01 / 16 / 2024
Transaction ID : SA.1009697.24.TE08

Amount of Each Receipt this Period 15.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON State VA Zip Code 24401-6287

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

Name of Employer (for Individual) SELF Occupation (for Individual) HORSE BOARDING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1109.01

Date of Receipt 01 / 16 / 2024
Transaction ID : SA.1009790.24.TE08

Amount of Each Receipt this Period 19.80

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 39 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON State VA Zip Code 24401-6287

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

Name of Employer (for Individual) SELF Occupation (for Individual) HORSE BOARDING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1109.01

Date of Receipt **01 / 16 / 2024**

Transaction ID : SA.1009810.24.TE08

Amount of Each Receipt this Period 20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON State VA Zip Code 24401-6287

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

Name of Employer (for Individual) SELF Occupation (for Individual) HORSE BOARDING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1109.01

Date of Receipt **01 / 23 / 2024**

Transaction ID : SA.1018507.24.TE08

Amount of Each Receipt this Period 8.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON State VA Zip Code 24401-6287

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

Name of Employer (for Individual) SELF Occupation (for Individual) HORSE BOARDING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1109.01

Date of Receipt **01 / 23 / 2024**

Transaction ID : SA.1018524.24.TE08

Amount of Each Receipt this Period 8.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 40 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2024

Transaction ID : SA.1019458.24.TE08

Amount of Each Receipt this Period
12.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2024

Transaction ID : SA.1019574.24.TE08

Amount of Each Receipt this Period
14.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1109.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2024

Transaction ID : SA.1019702.24.TE08

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 41 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024

Transaction ID : SA.1019740.24.TE08

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024

Transaction ID : SA.1019893.24.TE08

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024

Transaction ID : SA.1019917.24.TE08

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 42 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2024

Transaction ID : SA.1020374.24.TE08

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2024

Transaction ID : SA.1031418.24.TE08

Amount of Each Receipt this Period
8.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1109.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2024

Transaction ID : SA.1031478.24.TE08

Amount of Each Receipt this Period
8.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 43 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		30		2024

Transaction ID : SA.1032477.24.TE08

Amount of Each Receipt this Period
12.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		30		2024

Transaction ID : SA.1032490.24.TE08

Amount of Each Receipt this Period
12.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1109.01

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		30		2024

Transaction ID : SA.1032694.24.TE08

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 44 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2024

Transaction ID : SA.1032934.24.TE08

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2024

Transaction ID : SA.1039620.24.TE08

Amount of Each Receipt this Period
0.10

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1109.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2024

Transaction ID : SA.1039825.24.TE08

Amount of Each Receipt this Period
0.20

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 45 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2024

Transaction ID : SA.1044959.24.TE08

Amount of Each Receipt this Period
12.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2024

Transaction ID : SA.1045289.24.TE08

Amount of Each Receipt this Period
19.80

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2024

Transaction ID : SA.1045305.24.TE08

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 46 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024

Transaction ID : SA.1069923.24.TE08

Amount of Each Receipt this Period
9.90

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024

Transaction ID : SA.1071220.24.TE08

Amount of Each Receipt this Period
12.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024

Transaction ID : SA.1071444.24.TE08

Amount of Each Receipt this Period
14.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 47 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		13		2024

Transaction ID : SA.1071597.24.TE08

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		13		2024

Transaction ID : SA.1071617.24.TE08

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1109.01

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		13		2024

Transaction ID : SA.1071624.24.TE08

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 48 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024

Transaction ID : SA.1071625.24.TE08

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024

Transaction ID : SA.1071686.24.TE08

Amount of Each Receipt this Period
19.80

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024

Transaction ID : SA.1071882.24.TE08

Amount of Each Receipt this Period
19.80

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 49 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024

Transaction ID : SA.1073924.24.TE08

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024

Transaction ID : SA.1075116.24.TE08

Amount of Each Receipt this Period
49.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2024

Transaction ID : SA.1078068.24.TE08

Amount of Each Receipt this Period
0.20

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 50 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	20	/	2024

Transaction ID : SA.1083595.24.TE08

Amount of Each Receipt this Period

9.90

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	20	/	2024

Transaction ID : SA.1084203.24.TE08

Amount of Each Receipt this Period

12.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1109.01

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	20	/	2024

Transaction ID : SA.1084336.24.TE08

Amount of Each Receipt this Period

15.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 51 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2024

Transaction ID : SA.1084368.24.TE08

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2024

Transaction ID : SA.1084388.24.TE08

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2024

Transaction ID : SA.1084403.24.TE08

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 52 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2024

Transaction ID : SA.1084405.24.TE08

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2024

Transaction ID : SA.1084428.24.TE08

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2024

Transaction ID : SA.1084530.24.TE08

Amount of Each Receipt this Period
19.80

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 53 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2024

Transaction ID : SA.1084531.24.TE08

Amount of Each Receipt this Period
19.80

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1090015.24.TE08

Amount of Each Receipt this Period
8.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1090497.24.TE08

Amount of Each Receipt this Period
9.90

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 54 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1091192.24.TE08

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1091544.24.TE08

Amount of Each Receipt this Period
12.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1091548.24.TE08

Amount of Each Receipt this Period
12.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 55 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON State VA Zip Code 24401-6287

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

Name of Employer (for Individual) SELF Occupation (for Individual) HORSE BOARDING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1109.01

Date of Receipt **02 / 27 / 2024**

Transaction ID : SA.1091579.24.TE08

Amount of Each Receipt this Period 12.75

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON State VA Zip Code 24401-6287

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

Name of Employer (for Individual) SELF Occupation (for Individual) HORSE BOARDING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1109.01

Date of Receipt **02 / 27 / 2024**

Transaction ID : SA.1091593.24.TE08

Amount of Each Receipt this Period 12.75

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON State VA Zip Code 24401-6287

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

Name of Employer (for Individual) SELF Occupation (for Individual) HORSE BOARDING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1109.01

Date of Receipt **02 / 27 / 2024**

Transaction ID : SA.1091810.24.TE08

Amount of Each Receipt this Period 17.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 56 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1091851.24.TE08

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1091877.24.TE08

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1091880.24.TE08

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 57 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1091892.24.TE08

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1091949.24.TE08

Amount of Each Receipt this Period
17.21

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1091983.24.TE08

Amount of Each Receipt this Period
19.80

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 58 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. BONIN, JUDY, A., MISS,

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1092049.24.TE08

Amount of Each Receipt this Period
19.80

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BONIN, JUDY, A., MISS,

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1092142.24.TE08

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. BONIN, JUDY, A., MISS,

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1109.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1092186.24.TE08

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 59 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. BRODSKY, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 259 CLARKE AVE
 City PALM BEACH State FL Zip Code 33480-6124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4700.00

Date of Receipt **01 / 23 / 2024**
Transaction ID : SA.1021606.24.TE08
 Amount of Each Receipt this Period 1000.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. BRODSKY, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 259 CLARKE AVE
 City PALM BEACH State FL Zip Code 33480-6124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4700.00

Date of Receipt **02 / 20 / 2024**
Transaction ID : SA.1086443.24.TE08
 Amount of Each Receipt this Period 700.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. CHAMBERS, NORMAN, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2001 SE SAILFISH POINT BLVD
 City STUART State FL Zip Code 34996-1971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1095710.24.TE08
 Amount of Each Receipt this Period 850.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 60 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1066.23

Date of Receipt
01 / 04 / 2024

Transaction ID : SA.1001282.24.TE08

Amount of Each Receipt this Period
21.07

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1066.23

Date of Receipt
01 / 04 / 2024

Transaction ID : SA.1001382.24.TE08

Amount of Each Receipt this Period
39.95

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1066.23

Date of Receipt
01 / 04 / 2024

Transaction ID : SA.1001386.24.TE08

Amount of Each Receipt this Period
42.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 61 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1066.23

Date of Receipt
01 / 04 / 2024

Transaction ID : SA.1001415.24.TE08

Amount of Each Receipt this Period
52.05

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1066.23

Date of Receipt
01 / 23 / 2024

Transaction ID : SA.1013216.24.TE08

Amount of Each Receipt this Period
0.01

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1066.23

Date of Receipt
01 / 23 / 2024

Transaction ID : SA.1014466.24.TE08

Amount of Each Receipt this Period
0.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 62 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1066.23

Date of Receipt
01 / 23 / 2024

Transaction ID : SA.1014558.24.TE08

Amount of Each Receipt this Period
0.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1066.23

Date of Receipt
01 / 23 / 2024

Transaction ID : SA.1015959.24.TE08

Amount of Each Receipt this Period
1.04

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1066.23

Date of Receipt
01 / 23 / 2024

Transaction ID : SA.1020970.24.TE08

Amount of Each Receipt this Period
39.95

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 63 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1066.23

Date of Receipt **01 / 23 / 2024**
Transaction ID : SA.1021268.24.TE08
 Amount of Each Receipt this Period 50.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1066.23

Date of Receipt **01 / 30 / 2024**
Transaction ID : SA.1025357.24.TE08
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1066.23

Date of Receipt **01 / 30 / 2024**
Transaction ID : SA.1026616.24.TE08
 Amount of Each Receipt this Period 0.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 64 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1066.23

Date of Receipt 01 / 30 / 2024
Transaction ID : SA.1026851.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1066.23

Date of Receipt 01 / 30 / 2024
Transaction ID : SA.1026948.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1066.23

Date of Receipt 01 / 30 / 2024
Transaction ID : SA.1030113.24.TE08
 Amount of Each Receipt this Period 4.25
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 65 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1066.23

Date of Receipt
02 / 06 / 2024

Transaction ID : SA.1040772.24.TE08

Amount of Each Receipt this Period
0.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1066.23

Date of Receipt
02 / 06 / 2024

Transaction ID : SA.1045914.24.TE08

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1066.23

Date of Receipt
02 / 06 / 2024

Transaction ID : SA.1046785.24.TE08

Amount of Each Receipt this Period
52.05

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 66 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1066.23

Date of Receipt
02 / 13 / 2024

Transaction ID : SA.1059996.24.TE08

Amount of Each Receipt this Period
0.99

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1066.23

Date of Receipt
02 / 13 / 2024

Transaction ID : SA.1060770.24.TE08

Amount of Each Receipt this Period
0.99

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1066.23

Date of Receipt
02 / 13 / 2024

Transaction ID : SA.1074315.24.TE08

Amount of Each Receipt this Period
39.95

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 67 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1066.23

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1074366.24.TE08
 Amount of Each Receipt this Period 42.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1066.23

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1074438.24.TE08
 Amount of Each Receipt this Period 46.53
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1066.23

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1075216.24.TE08
 Amount of Each Receipt this Period 52.05
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 68 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1066.23

Date of Receipt 02 / 20 / 2024
Transaction ID : SA.1078414.24.TE08
 Amount of Each Receipt this Period 0.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1066.23

Date of Receipt 02 / 20 / 2024
Transaction ID : SA.1078416.24.TE08
 Amount of Each Receipt this Period 0.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1066.23

Date of Receipt 02 / 20 / 2024
Transaction ID : SA.1078752.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 69 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1066.23

Date of Receipt 02 / 20 / 2024
Transaction ID : SA.1079094.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1066.23

Date of Receipt 02 / 20 / 2024
Transaction ID : SA.1079257.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1066.23

Date of Receipt 02 / 20 / 2024
Transaction ID : SA.1081554.24.TE08
 Amount of Each Receipt this Period 3.96
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 70 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1066.23

Date of Receipt
02 / 20 / 2024

Transaction ID : SA.1081757.24.TE08

Amount of Each Receipt this Period
4.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1066.23

Date of Receipt
02 / 20 / 2024

Transaction ID : SA.1084870.24.TE08

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1066.23

Date of Receipt
02 / 20 / 2024

Transaction ID : SA.1085681.24.TE08

Amount of Each Receipt this Period
39.95

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 71 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1066.23

Date of Receipt 02 / 20 / 2024
Transaction ID : SA.1085729.24.TE08
 Amount of Each Receipt this Period 39.95
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1066.23

Date of Receipt 02 / 20 / 2024
Transaction ID : SA.1085747.24.TE08
 Amount of Each Receipt this Period 42.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1066.23

Date of Receipt 02 / 20 / 2024
Transaction ID : SA.1085765.24.TE08
 Amount of Each Receipt this Period 42.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 72 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. CIACCIO, JANE, M., ,			Date of Receipt MM / DD / YYYY 02 / 20 / 2024
Mailing Address 5491 BEECHMONT #506			Transaction ID : SA.1085990.24.TE08
City CINCINNATI	State OH	Zip Code 45230-1160	Amount of Each Receipt this Period 46.53
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1066.23		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. CIACCIO, JANE, M., ,			Date of Receipt MM / DD / YYYY 02 / 20 / 2024
Mailing Address 5491 BEECHMONT #506			Transaction ID : SA.1086012.24.TE08
City CINCINNATI	State OH	Zip Code 45230-1160	Amount of Each Receipt this Period 46.53
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1066.23		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. CIACCIO, JANE, M., ,			Date of Receipt MM / DD / YYYY 02 / 20 / 2024
Mailing Address 5491 BEECHMONT #506			Transaction ID : SA.1086242.24.TE08
City CINCINNATI	State OH	Zip Code 45230-1160	Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1066.23		TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 73 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1066.23

Date of Receipt
02 / 27 / 2024

Transaction ID : SA.1089882.24.TE08

Amount of Each Receipt this Period
8.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1066.23

Date of Receipt
02 / 27 / 2024

Transaction ID : SA.1091467.24.TE08

Amount of Each Receipt this Period
10.89

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1066.23

Date of Receipt
02 / 27 / 2024

Transaction ID : SA.1092359.24.TE08

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 74 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1066.23

Date of Receipt
02 / 27 / 2024

Transaction ID : SA.1094171.24.TE08

Amount of Each Receipt this Period
39.95

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1066.23

Date of Receipt
02 / 27 / 2024

Transaction ID : SA.1094390.24.TE08

Amount of Each Receipt this Period
42.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1066.23

Date of Receipt
02 / 27 / 2024

Transaction ID : SA.1094874.24.TE08

Amount of Each Receipt this Period
49.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 75 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1066.23

Date of Receipt 02 / 27 / 2024
Transaction ID : SA.1096833.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1066.23

Date of Receipt 02 / 27 / 2024
Transaction ID : SA.1098563.24.TE08
 Amount of Each Receipt this Period 1.04
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt 01 / 23 / 2024
Transaction ID : SA.1020085.24.TE08
 Amount of Each Receipt this Period 18.72
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 76 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024
Transaction ID : SA.1020747.24.TE08
 Amount of Each Receipt this Period 30.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024
Transaction ID : SA.1020748.24.TE08
 Amount of Each Receipt this Period 30.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024
Transaction ID : SA.1020749.24.TE08
 Amount of Each Receipt this Period 30.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 77 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024
Transaction ID : SA.1020750.24.TE08
 Amount of Each Receipt this Period 30.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024
Transaction ID : SA.1021006.24.TE08
 Amount of Each Receipt this Period 40.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024
Transaction ID : SA.1021007.24.TE08
 Amount of Each Receipt this Period 40.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 78 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024
Transaction ID : SA.1021008.24.TE08
 Amount of Each Receipt this Period
 40.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024
Transaction ID : SA.1021369.24.TE08
 Amount of Each Receipt this Period
 52.05
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024
Transaction ID : SA.1021419.24.TE08
 Amount of Each Receipt this Period
 63.75
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 79 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt **01 / 30 / 2024**
Transaction ID : SA.1026295.24.TE08
 Amount of Each Receipt this Period 0.25
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1044144.24.TE08
 Amount of Each Receipt this Period 8.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1044747.24.TE08
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 80 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2024
Transaction ID : SA.1045340.24.TE08
 Amount of Each Receipt this Period
 20.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2024
Transaction ID : SA.1046053.24.TE08
 Amount of Each Receipt this Period
 26.03
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024
Transaction ID : SA.1071928.24.TE08
 Amount of Each Receipt this Period
 20.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 81 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt **02 / 20 / 2024**
Transaction ID : SA.1084555.24.TE08
 Amount of Each Receipt this Period 20.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1089706.24.TE08
 Amount of Each Receipt this Period 6.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1090337.24.TE08
 Amount of Each Receipt this Period 9.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 82 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA.1090338.24.TE08
 Amount of Each Receipt this Period
 9.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA.1090341.24.TE08
 Amount of Each Receipt this Period
 9.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA.1091014.24.TE08
 Amount of Each Receipt this Period
 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 83 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA.1091015.24.TE08
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA.1091073.24.TE08
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA.1091074.24.TE08
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 84 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA.1091075.24.TE08
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA.1092128.24.TE08
 Amount of Each Receipt this Period 20.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA.1092970.24.TE08
 Amount of Each Receipt this Period 24.75
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 85 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
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A. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA.1093982.24.TE08
 Amount of Each Receipt this Period
 29.75
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA.1094301.24.TE08
 Amount of Each Receipt this Period
 40.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA.1099582.24.TE08
 Amount of Each Receipt this Period
 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 86 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA.1099622.24.TE08
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA.1099623.24.TE08
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA.1099624.24.TE08
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 87 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA.1099625.24.TE08
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA.1099626.24.TE08
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA.1101193.24.TE08
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 88 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.80

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1101194.24.TE08
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 381.60

Date of Receipt **01 / 09 / 2024**
Transaction ID : SA.1004412.24.TE08
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 381.60

Date of Receipt **01 / 16 / 2024**
Transaction ID : SA.1007345.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
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: (check only one)	PAGE 89 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 381.60

Date of Receipt 01 / 16 / 2024
Transaction ID : SA.1010238.24.TE08
 Amount of Each Receipt this Period 26.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 381.60

Date of Receipt 01 / 16 / 2024
Transaction ID : SA.1010241.24.TE08
 Amount of Each Receipt this Period 26.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 381.60

Date of Receipt 01 / 23 / 2024
Transaction ID : SA.1020898.24.TE08
 Amount of Each Receipt this Period 35.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 90 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EICHEL, LAURENCE, , ,

Mailing Address P.O. BOX 600

City WELLINGTON State CO Zip Code 80549-0600

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 381.60

Date of Receipt 01 / 23 / 2024
Transaction ID : SA.1020938.24.TE08

Amount of Each Receipt this Period 39.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EICHEL, LAURENCE, , ,

Mailing Address P.O. BOX 600

City WELLINGTON State CO Zip Code 80549-0600

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 381.60

Date of Receipt 01 / 30 / 2024
Transaction ID : SA.1033745.24.TE08

Amount of Each Receipt this Period 33.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EICHEL, LAURENCE, , ,

Mailing Address P.O. BOX 600

City WELLINGTON State CO Zip Code 80549-0600

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 381.60

Date of Receipt 02 / 06 / 2024
Transaction ID : SA.1045964.24.TE08

Amount of Each Receipt this Period 26.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 91 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 381.60

Date of Receipt 02 / 06 / 2024
Transaction ID : SA.1046269.24.TE08
 Amount of Each Receipt this Period 35.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 381.60

Date of Receipt 02 / 13 / 2024
Transaction ID : SA.1071009.24.TE08
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 381.60

Date of Receipt 02 / 13 / 2024
Transaction ID : SA.1071799.24.TE08
 Amount of Each Receipt this Period 19.80
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 92 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. EICHEL, LAURENCE, , ,		Date of Receipt MM / DD / YYYY 02 / 13 / 2024 Transaction ID : SA.1074284.24.TE08
Mailing Address P.O. BOX 600		Amount of Each Receipt this Period 39.00
City WELLINGTON	State CO	Zip Code 80549-0600
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 381.60	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. EICHEL, LAURENCE, , ,		Date of Receipt MM / DD / YYYY 02 / 20 / 2024 Transaction ID : SA.1080148.24.TE08
Mailing Address P.O. BOX 600		Amount of Each Receipt this Period 1.00
City WELLINGTON	State CO	Zip Code 80549-0600
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 381.60	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. EICHEL, LAURENCE, , ,		Date of Receipt MM / DD / YYYY 02 / 20 / 2024 Transaction ID : SA.1085488.24.TE08
Mailing Address P.O. BOX 600		Amount of Each Receipt this Period 26.00
City WELLINGTON	State CO	Zip Code 80549-0600
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 381.60	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 93 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 381.60

Date of Receipt 02 / 20 / 2024
Transaction ID : SA.1085621.24.TE08
 Amount of Each Receipt this Period 35.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 381.60

Date of Receipt 02 / 27 / 2024
Transaction ID : SA.1091981.24.TE08
 Amount of Each Receipt this Period 19.80
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. HILL, SHIRLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 262 E MAIN ST
 City MOORESTOWN State NJ Zip Code 08057-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HILL & COMPANY Occupation (for Individual) ENTREPRENEUR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3273.50

Date of Receipt 02 / 27 / 2024
Transaction ID : SA.1106182.24.TE08
 Amount of Each Receipt this Period 50.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 94 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, SHIRLEY, , ,

Mailing Address 262 E MAIN ST

City MOORESTOWN State NJ Zip Code 08057-2931

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

Name of Employer (for Individual) HILL & COMPANY Occupation (for Individual) ENTREPRENEUR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3273.50

Date of Receipt **02 / 27 / 2024**

Transaction ID : SA.1106183.24.TE08

Amount of Each Receipt this Period 50.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, SHIRLEY, , ,

Mailing Address 262 E MAIN ST

City MOORESTOWN State NJ Zip Code 08057-2931

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

Name of Employer (for Individual) HILL & COMPANY Occupation (for Individual) ENTREPRENEUR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3273.50

Date of Receipt **02 / 27 / 2024**

Transaction ID : SA.1106184.24.TE08

Amount of Each Receipt this Period 50.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, SHIRLEY, , ,

Mailing Address 262 E MAIN ST

City MOORESTOWN State NJ Zip Code 08057-2931

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

Name of Employer (for Individual) HILL & COMPANY Occupation (for Individual) ENTREPRENEUR

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 3273.50

Date of Receipt **02 / 27 / 2024**

Transaction ID : SA.1106185.24.TE08

Amount of Each Receipt this Period 85.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 95 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, SHIRLEY, , ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3273.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1106186.24.TE08

Amount of Each Receipt this Period
85.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, SHIRLEY, , ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3273.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1106187.24.TE08

Amount of Each Receipt this Period
85.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, SHIRLEY, , ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3273.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1106188.24.TE08

Amount of Each Receipt this Period
85.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 96 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, SHIRLEY, , ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3273.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1106189.24.TE08

Amount of Each Receipt this Period
99.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, SHIRLEY, , ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3273.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1106190.24.TE08

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, SHIRLEY, , ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3273.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1106191.24.TE08

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 97 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, SHIRLEY, , ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3273.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2024

Transaction ID : SA.1106192.24.TE08

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, SHIRLEY, , ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3273.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2024

Transaction ID : SA.1106193.24.TE08

Amount of Each Receipt this Period
250.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, SHIRLEY, , ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3273.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2024

Transaction ID : SA.1106194.24.TE08

Amount of Each Receipt this Period
50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 98 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, SHIRLEY, , ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3273.50

Date of Receipt
MM / DD / YYYY
02 / 20 / 2024

Transaction ID : SA.1106195.24.TE08

Amount of Each Receipt this Period
50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, SHIRLEY, , ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3273.50

Date of Receipt
MM / DD / YYYY
02 / 20 / 2024

Transaction ID : SA.1106196.24.TE08

Amount of Each Receipt this Period
50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, SHIRLEY, , ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3273.50

Date of Receipt
MM / DD / YYYY
02 / 20 / 2024

Transaction ID : SA.1106197.24.TE08

Amount of Each Receipt this Period
60.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 99 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, SHIRLEY, , ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3273.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2024

Transaction ID : SA.1106198.24.TE08

Amount of Each Receipt this Period
85.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, SHIRLEY, , ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3273.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2024

Transaction ID : SA.1106199.24.TE08

Amount of Each Receipt this Period
85.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, SHIRLEY, , ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3273.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2024

Transaction ID : SA.1106200.24.TE08

Amount of Each Receipt this Period
85.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 100 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, SHIRLEY, , ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3273.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2024

Transaction ID : SA.1106201.24.TE08

Amount of Each Receipt this Period
85.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, SHIRLEY, , ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3273.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2024

Transaction ID : SA.1106202.24.TE08

Amount of Each Receipt this Period
99.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, SHIRLEY, , ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3273.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2024

Transaction ID : SA.1106203.24.TE08

Amount of Each Receipt this Period
99.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 101 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HILL, SHIRLEY, , ,		Date of Receipt MM / DD / YYYY 02 / 20 / 2024
Mailing Address 262 E MAIN ST		Transaction ID : SA.1106204.24.TE08
City MOORESTOWN	State NJ	Zip Code 08057-2931
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 99.00
Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3273.50	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HILL, SHIRLEY, , ,		Date of Receipt MM / DD / YYYY 02 / 20 / 2024
Mailing Address 262 E MAIN ST		Transaction ID : SA.1106205.24.TE08
City MOORESTOWN	State NJ	Zip Code 08057-2931
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3273.50	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HILL, SHIRLEY, , ,		Date of Receipt MM / DD / YYYY 02 / 20 / 2024
Mailing Address 262 E MAIN ST		Transaction ID : SA.1106206.24.TE08
City MOORESTOWN	State NJ	Zip Code 08057-2931
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 3273.50	TRANSFER
		TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 102 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HILL, SHIRLEY, , ,		Date of Receipt MM / DD / YYYY 02 / 20 / 2024
Mailing Address 262 E MAIN ST		Transaction ID : SA.1106207.24.TE08
City MOORESTOWN	State NJ	Zip Code 08057-2931
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3273.50	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HILL, SHIRLEY, , ,		Date of Receipt MM / DD / YYYY 02 / 13 / 2024
Mailing Address 262 E MAIN ST		Transaction ID : SA.1106208.24.TE08
City MOORESTOWN	State NJ	Zip Code 08057-2931
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3273.50	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HILL, SHIRLEY, , ,		Date of Receipt MM / DD / YYYY 02 / 13 / 2024
Mailing Address 262 E MAIN ST		Transaction ID : SA.1106209.24.TE08
City MOORESTOWN	State NJ	Zip Code 08057-2931
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 3273.50	TRANSFER
		TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 103 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HILL, SHIRLEY, , ,		Date of Receipt MM / DD / YYYY 02 / 13 / 2024 Transaction ID : SA.1106210.24.TE08
Mailing Address 262 E MAIN ST		Amount of Each Receipt this Period 85.00
City MOORESTOWN	State NJ	Zip Code 08057-2931
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3273.50	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HILL, SHIRLEY, , ,		Date of Receipt MM / DD / YYYY 02 / 13 / 2024 Transaction ID : SA.1106211.24.TE08
Mailing Address 262 E MAIN ST		Amount of Each Receipt this Period 85.00
City MOORESTOWN	State NJ	Zip Code 08057-2931
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3273.50	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HILL, SHIRLEY, , ,		Date of Receipt MM / DD / YYYY 02 / 13 / 2024 Transaction ID : SA.1106212.24.TE08
Mailing Address 262 E MAIN ST		Amount of Each Receipt this Period 100.00
City MOORESTOWN	State NJ	Zip Code 08057-2931
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 3273.50	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 104 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, SHIRLEY, , ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3273.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2024

Transaction ID : SA.1106213.24.TE08

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, SHIRLEY, , ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3273.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2024

Transaction ID : SA.1106214.24.TE08

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, SHIRLEY, , ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3273.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2024

Transaction ID : SA.1106215.24.TE08

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 105 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. HILL, SHIRLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 262 E MAIN ST
 City MOORESTOWN State NJ Zip Code 08057-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HILL & COMPANY Occupation (for Individual) ENTREPRENEUR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3273.50

Date of Receipt **02 / 20 / 2024**
Transaction ID : SA.1106216.24.TE08
 Amount of Each Receipt this Period 247.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. HILL, VERNON, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 262 E MAIN ST
 City MOORESTOWN State NJ Zip Code 08057-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **01 / 09 / 2024**
Transaction ID : SA.1004832.24.TE08
 Amount of Each Receipt this Period 100.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. HILL, VERNON, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 262 E MAIN ST
 City MOORESTOWN State NJ Zip Code 08057-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **01 / 16 / 2024**
Transaction ID : SA.1010731.24.TE08
 Amount of Each Receipt this Period 99.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 106 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 16 / 2024

Transaction ID : SA.1010740.24.TE08

Amount of Each Receipt this Period
99.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024

Transaction ID : SA.1020914.24.TE08

Amount of Each Receipt this Period
36.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024

Transaction ID : SA.1021125.24.TE08

Amount of Each Receipt this Period
49.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 107 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2024

Transaction ID : SA.1021127.24.TE08

Amount of Each Receipt this Period
49.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2024

Transaction ID : SA.1021212.24.TE08

Amount of Each Receipt this Period
50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2024

Transaction ID : SA.1021272.24.TE08

Amount of Each Receipt this Period
50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 108 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HILL, VERNON, W., ,		Date of Receipt MM / DD / YYYY 01 / 23 / 2024
Mailing Address 262 E MAIN ST		Transaction ID : SA.1021287.24.TE08
City MOORESTOWN	State NJ	Zip Code 08057-2931
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HILL, VERNON, W., ,		Date of Receipt MM / DD / YYYY 01 / 23 / 2024
Mailing Address 262 E MAIN ST		Transaction ID : SA.1021439.24.TE08
City MOORESTOWN	State NJ	Zip Code 08057-2931
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HILL, VERNON, W., ,		Date of Receipt MM / DD / YYYY 01 / 23 / 2024
Mailing Address 262 E MAIN ST		Transaction ID : SA.1021445.24.TE08
City MOORESTOWN	State NJ	Zip Code 08057-2931
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 5000.00	TRANSFER
		TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 109 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN State NJ Zip Code 08057-2931

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2024

Transaction ID : SA.1021453.24.TE08

Amount of Each Receipt this Period
99.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN State NJ Zip Code 08057-2931

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2024

Transaction ID : SA.1021521.24.TE08

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN State NJ Zip Code 08057-2931

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2024

Transaction ID : SA.1021522.24.TE08

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 110 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024

Transaction ID : SA.1021523.24.TE08

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024

Transaction ID : SA.1021524.24.TE08

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024

Transaction ID : SA.1021525.24.TE08

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 111 OF 293
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2024

Transaction ID : SA.1021528.24.TE08

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2024

Transaction ID : SA.1021530.24.TE08

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2024

Transaction ID : SA.1021531.24.TE08

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 112 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024

Transaction ID : SA.1021532.24.TE08

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024

Transaction ID : SA.1021533.24.TE08

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024

Transaction ID : SA.1021537.24.TE08

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 113 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2024

Transaction ID : SA.1034052.24.TE08

Amount of Each Receipt this Period
42.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2024

Transaction ID : SA.1034256.24.TE08

Amount of Each Receipt this Period
47.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2024

Transaction ID : SA.1034544.24.TE08

Amount of Each Receipt this Period
85.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 114 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2024

Transaction ID : SA.1034554.24.TE08

Amount of Each Receipt this Period
85.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2024

Transaction ID : SA.1034561.24.TE08

Amount of Each Receipt this Period
99.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2024

Transaction ID : SA.1034654.24.TE08

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 115 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2024

Transaction ID : SA.1034655.24.TE08

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2024

Transaction ID : SA.1034656.24.TE08

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2024

Transaction ID : SA.1034682.24.TE08

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 116 OF 293	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2024

Transaction ID : SA.1034722.24.TE08

Amount of Each Receipt this Period
990.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2024

Transaction ID : SA.1045822.24.TE08

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2024

Transaction ID : SA.1046664.24.TE08

Amount of Each Receipt this Period
50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 117 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2024

Transaction ID : SA.1046671.24.TE08

Amount of Each Receipt this Period
50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2024

Transaction ID : SA.1046672.24.TE08

Amount of Each Receipt this Period
50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2024

Transaction ID : SA.1046673.24.TE08

Amount of Each Receipt this Period
50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 118 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN State NJ Zip Code 08057-2931

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 06 / 2024
Transaction ID : SA.1046711.24.TE08

Amount of Each Receipt this Period 50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN State NJ Zip Code 08057-2931

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 06 / 2024
Transaction ID : SA.1046833.24.TE08

Amount of Each Receipt this Period 85.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN State NJ Zip Code 08057-2931

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 06 / 2024
Transaction ID : SA.1046840.24.TE08

Amount of Each Receipt this Period 85.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 119 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2024

Transaction ID : SA.1046841.24.TE08

Amount of Each Receipt this Period
85.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2024

Transaction ID : SA.1046842.24.TE08

Amount of Each Receipt this Period
85.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2024

Transaction ID : SA.1046891.24.TE08

Amount of Each Receipt this Period
99.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 120 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2024

Transaction ID : SA.1046923.24.TE08

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2024

Transaction ID : SA.1046937.24.TE08

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2024

Transaction ID : SA.1046939.24.TE08

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 121 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN State NJ Zip Code 08057-2931

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2024

Transaction ID : SA.1046962.24.TE08

Amount of Each Receipt this Period
198.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN State NJ Zip Code 08057-2931

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2024

Transaction ID : SA.1046989.24.TE08

Amount of Each Receipt this Period
87.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LEWIS, EDWARD, , ,

Mailing Address 10100 EMPYREAN WAY
APT 204

City LOS ANGELES State CA Zip Code 90067-3815

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

Name of Employer (for Individual) EDWARD G. LEWIS, A PROFESSION CORPORAT Occupation (for Individual) PRESIDENT

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 49.74

Date of Receipt
MM / DD / YYYY
01 / 30 / 2024

Transaction ID : SA.1033356.24.TE08

Amount of Each Receipt this Period
24.99

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 122 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. LEWIS, EDWARD, , ,

Mailing Address 10100 EMPYREAN WAY
APT 204

City LOS ANGELES State CA Zip Code 90067-3815

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

Name of Employer (for Individual) EDWARD G. LEWIS, A PROFESSION CORPORAT Occupation (for Individual) PRESIDENT

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 49.74

Date of Receipt **02 / 27 / 2024**

Transaction ID : SA.1092916.24.TE08

Amount of Each Receipt this Period 24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MAKOWSKI, BRUCE, , ,

Mailing Address 1302 N. STEPHEN AVE.

City CLAWSON State MI Zip Code 48017-1279

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 04 / 2024**

Transaction ID : SA.1000624.24.TE08

Amount of Each Receipt this Period 0.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. MAKOWSKI, BRUCE, , ,

Mailing Address 1302 N. STEPHEN AVE.

City CLAWSON State MI Zip Code 48017-1279

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 04 / 2024**

Transaction ID : SA.1000747.24.TE08

Amount of Each Receipt this Period 1.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 123 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 04 / 2024
Transaction ID : SA.1000748.24.TE08
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 04 / 2024
Transaction ID : SA.1000826.24.TE08
 Amount of Each Receipt this Period
 1.70
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 09 / 2024
Transaction ID : SA.1003564.24.TE08
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 124 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 09 / 2024**
Transaction ID : SA.1003625.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 09 / 2024**
Transaction ID : SA.1003751.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 09 / 2024**
Transaction ID : SA.1004024.24.TE08
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 125 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 09 / 2024**
Transaction ID : SA.1004047.24.TE08
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 09 / 2024**
Transaction ID : SA.1004094.24.TE08
 Amount of Each Receipt this Period 4.25
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 09 / 2024**
Transaction ID : SA.1004425.24.TE08
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 126 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 01 / 16 / 2024
Mailing Address 1302 N. STEPHEN AVE.		Transaction ID : SA.1006408.24.TE08
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.01
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.52	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 01 / 16 / 2024
Mailing Address 1302 N. STEPHEN AVE.		Transaction ID : SA.1006409.24.TE08
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.01
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.52	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 01 / 16 / 2024
Mailing Address 1302 N. STEPHEN AVE.		Transaction ID : SA.1006410.24.TE08
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.01
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 239.52	TRANSFER
		TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 127 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 16 / 2024**
Transaction ID : SA.1006412.24.TE08
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 16 / 2024**
Transaction ID : SA.1007002.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 16 / 2024**
Transaction ID : SA.1007074.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 128 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 16 / 2024**
Transaction ID : SA.1007123.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 16 / 2024**
Transaction ID : SA.1007127.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 16 / 2024**
Transaction ID : SA.1007177.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 129 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 01 / 16 / 2024 Transaction ID : SA.1007221.24.TE08
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 0.99
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.52	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 01 / 16 / 2024 Transaction ID : SA.1007245.24.TE08
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 0.99
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.52	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 01 / 16 / 2024 Transaction ID : SA.1007282.24.TE08
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 0.99
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 239.52	

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 130 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 16 / 2024**
Transaction ID : SA.1007291.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 16 / 2024**
Transaction ID : SA.1007448.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 16 / 2024**
Transaction ID : SA.1007474.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 131 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 01 / 16 / 2024 Transaction ID : SA.1007502.24.TE08
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.52	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 01 / 16 / 2024 Transaction ID : SA.1007598.24.TE08
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.52	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 01 / 16 / 2024 Transaction ID : SA.1007638.24.TE08
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 239.52	

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 132 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 16 / 2024**
Transaction ID : SA.1007667.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 16 / 2024**
Transaction ID : SA.1007772.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 16 / 2024**
Transaction ID : SA.1007780.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 133 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 16 / 2024**
Transaction ID : SA.1008040.24.TE08
 Amount of Each Receipt this Period 1.98
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 23 / 2024**
Transaction ID : SA.1013269.24.TE08
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 23 / 2024**
Transaction ID : SA.1013549.24.TE08
 Amount of Each Receipt this Period 0.10
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 134 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024
Transaction ID : SA.1014304.24.TE08
 Amount of Each Receipt this Period
 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024
Transaction ID : SA.1014334.24.TE08
 Amount of Each Receipt this Period
 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024
Transaction ID : SA.1014336.24.TE08
 Amount of Each Receipt this Period
 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 135 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 23 / 2024**
Transaction ID : SA.1014391.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 23 / 2024**
Transaction ID : SA.1014405.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 23 / 2024**
Transaction ID : SA.1014436.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 136 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 23 / 2024**
Transaction ID : SA.1014675.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 23 / 2024**
Transaction ID : SA.1014809.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 23 / 2024**
Transaction ID : SA.1014871.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 137 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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E-PAC

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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024
Transaction ID : SA.1014895.24.TE08
 Amount of Each Receipt this Period
 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024
Transaction ID : SA.1015006.24.TE08
 Amount of Each Receipt this Period
 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024
Transaction ID : SA.1015007.24.TE08
 Amount of Each Receipt this Period
 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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 138 OF 293
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MAKOWSKI, BRUCE, , ,

Mailing Address 1302 N. STEPHEN AVE.

City CLAWSON State MI Zip Code 48017-1279

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
239.52

Date of Receipt
MM / DD / YYYY
01 / 23 / 2024
Transaction ID : SA.1015010.24.TE08

Amount of Each Receipt this Period
0.99

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MAKOWSKI, BRUCE, , ,

Mailing Address 1302 N. STEPHEN AVE.

City CLAWSON State MI Zip Code 48017-1279

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
239.52

Date of Receipt
MM / DD / YYYY
01 / 23 / 2024
Transaction ID : SA.1015055.24.TE08

Amount of Each Receipt this Period
0.99

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. MAKOWSKI, BRUCE, , ,

Mailing Address 1302 N. STEPHEN AVE.

City CLAWSON State MI Zip Code 48017-1279

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
239.52

Date of Receipt
MM / DD / YYYY
01 / 23 / 2024
Transaction ID : SA.1015082.24.TE08

Amount of Each Receipt this Period
0.99

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 139 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1302 N. STEPHEN AVE.

City CLAWSON	State MI	Zip Code 48017-1279
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024

Transaction ID : SA.1015363.24.TE08

Amount of Each Receipt this Period
1.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1302 N. STEPHEN AVE.

City CLAWSON	State MI	Zip Code 48017-1279
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024

Transaction ID : SA.1015482.24.TE08

Amount of Each Receipt this Period
1.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1302 N. STEPHEN AVE.

City CLAWSON	State MI	Zip Code 48017-1279
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024

Transaction ID : SA.1015504.24.TE08

Amount of Each Receipt this Period
1.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 140 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 23 / 2024**
Transaction ID : SA.1015510.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 23 / 2024**
Transaction ID : SA.1015679.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 23 / 2024**
Transaction ID : SA.1015806.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 141 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024
Transaction ID : SA.1015826.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024
Transaction ID : SA.1016064.24.TE08
 Amount of Each Receipt this Period 1.63
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024
Transaction ID : SA.1016664.24.TE08
 Amount of Each Receipt this Period 2.55
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 142 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 23 / 2024**
Transaction ID : SA.1016723.24.TE08
 Amount of Each Receipt this Period 2.97
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 23 / 2024**
Transaction ID : SA.1017102.24.TE08
 Amount of Each Receipt this Period 4.25
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 23 / 2024**
Transaction ID : SA.1017690.24.TE08
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 143 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2024
Transaction ID : SA.1025269.24.TE08
 Amount of Each Receipt this Period
 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2024
Transaction ID : SA.1025276.24.TE08
 Amount of Each Receipt this Period
 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2024
Transaction ID : SA.1025338.24.TE08
 Amount of Each Receipt this Period
 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 144 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 30 / 2024**
Transaction ID : SA.1025359.24.TE08
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 30 / 2024**
Transaction ID : SA.1025418.24.TE08
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 30 / 2024**
Transaction ID : SA.1025438.24.TE08
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 145 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2024
Transaction ID : SA.1025455.24.TE08
 Amount of Each Receipt this Period
 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2024
Transaction ID : SA.1025821.24.TE08
 Amount of Each Receipt this Period
 0.10
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2024
Transaction ID : SA.1026653.24.TE08
 Amount of Each Receipt this Period
 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 146 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 30 / 2024**
Transaction ID : SA.1026679.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 30 / 2024**
Transaction ID : SA.1026782.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 30 / 2024**
Transaction ID : SA.1026800.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 147 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2024
Transaction ID : SA.1026826.24.TE08
 Amount of Each Receipt this Period
 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2024
Transaction ID : SA.1026856.24.TE08
 Amount of Each Receipt this Period
 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2024
Transaction ID : SA.1027077.24.TE08
 Amount of Each Receipt this Period
 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 148 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 30 / 2024**
Transaction ID : SA.1027100.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 30 / 2024**
Transaction ID : SA.1027118.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 30 / 2024**
Transaction ID : SA.1027186.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 149 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 30 / 2024**
Transaction ID : SA.1027221.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 30 / 2024**
Transaction ID : SA.1027226.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 30 / 2024**
Transaction ID : SA.1027413.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 150 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 30 / 2024**
Transaction ID : SA.1027514.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 30 / 2024**
Transaction ID : SA.1027531.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 30 / 2024**
Transaction ID : SA.1027703.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 151 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 30 / 2024**
Transaction ID : SA.1027771.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 30 / 2024**
Transaction ID : SA.1027807.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **01 / 30 / 2024**
Transaction ID : SA.1028016.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 152 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2024
Transaction ID : SA.1028292.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2024
Transaction ID : SA.1031001.24.TE08
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2024
Transaction ID : SA.1031044.24.TE08
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 153 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1039286.24.TE08
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1039287.24.TE08
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1039312.24.TE08
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
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: (check only one)	PAGE 154 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1039333.24.TE08
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1039334.24.TE08
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1039335.24.TE08
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 155 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1039345.24.TE08
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1039391.24.TE08
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1039407.24.TE08
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 156 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1039604.24.TE08
 Amount of Each Receipt this Period 0.10
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1040005.24.TE08
 Amount of Each Receipt this Period 0.35
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1040606.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 157 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1040654.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1040766.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1040820.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 158 OF 293
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MAKOWSKI, BRUCE, , ,

Mailing Address 1302 N. STEPHEN AVE.

City CLAWSON State MI Zip Code 48017-1279

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
239.52

Date of Receipt
MM / DD / YYYY
02 / 06 / 2024

Transaction ID : SA.1040878.24.TE08

Amount of Each Receipt this Period
0.99

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MAKOWSKI, BRUCE, , ,

Mailing Address 1302 N. STEPHEN AVE.

City CLAWSON State MI Zip Code 48017-1279

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
239.52

Date of Receipt
MM / DD / YYYY
02 / 06 / 2024

Transaction ID : SA.1041082.24.TE08

Amount of Each Receipt this Period
0.99

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. MAKOWSKI, BRUCE, , ,

Mailing Address 1302 N. STEPHEN AVE.

City CLAWSON State MI Zip Code 48017-1279

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
239.52

Date of Receipt
MM / DD / YYYY
02 / 06 / 2024

Transaction ID : SA.1041103.24.TE08

Amount of Each Receipt this Period
0.99

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 159 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1041118.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1041119.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1041267.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 160 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 02 / 06 / 2024 Transaction ID : SA.1041304.24.TE08
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.52	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 02 / 06 / 2024 Transaction ID : SA.1041324.24.TE08
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.52	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 02 / 06 / 2024 Transaction ID : SA.1041326.24.TE08
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 239.52	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 161 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1041404.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1041405.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1041469.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 162 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1041519.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1041618.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1041619.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 163 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1041703.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1041766.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1042126.24.TE08
 Amount of Each Receipt this Period 1.70
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 164 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1058325.24.TE08
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1058488.24.TE08
 Amount of Each Receipt this Period 0.10
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1058560.24.TE08
 Amount of Each Receipt this Period 0.10
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 165 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1059162.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1059263.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1059264.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 166 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1059311.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1059359.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1059402.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 167 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1059464.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1059465.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1059633.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 168 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1059672.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1059707.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1059726.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 169 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1059856.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1059904.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1059906.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 170 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt 02 / 13 / 2024
Transaction ID : SA.1059925.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt 02 / 13 / 2024
Transaction ID : SA.1060013.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt 02 / 13 / 2024
Transaction ID : SA.1060207.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 171 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 02 / 13 / 2024 Transaction ID : SA.1060265.24.TE08
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 0.99
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.52	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 02 / 13 / 2024 Transaction ID : SA.1060361.24.TE08
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 0.99
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.52	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 02 / 13 / 2024 Transaction ID : SA.1060409.24.TE08
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 0.99
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 239.52	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 172 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1060793.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1060842.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1061115.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 173 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1061418.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1061642.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1061690.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 174 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt 02 / 13 / 2024
Transaction ID : SA.1061700.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt 02 / 13 / 2024
Transaction ID : SA.1061718.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt 02 / 13 / 2024
Transaction ID : SA.1062533.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
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: (check only one)	PAGE 175 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1063127.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1063258.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1063481.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 176 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 20 / 2024**
Transaction ID : SA.1077708.24.TE08
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 20 / 2024**
Transaction ID : SA.1077713.24.TE08
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 20 / 2024**
Transaction ID : SA.1077732.24.TE08
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 177 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2024
Transaction ID : SA.1078475.24.TE08
 Amount of Each Receipt this Period
 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2024
Transaction ID : SA.1078505.24.TE08
 Amount of Each Receipt this Period
 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2024
Transaction ID : SA.1078531.24.TE08
 Amount of Each Receipt this Period
 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 178 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2024
Transaction ID : SA.1078597.24.TE08
 Amount of Each Receipt this Period
 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2024
Transaction ID : SA.1078635.24.TE08
 Amount of Each Receipt this Period
 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2024
Transaction ID : SA.1078677.24.TE08
 Amount of Each Receipt this Period
 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 179 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2024
Transaction ID : SA.1078727.24.TE08
 Amount of Each Receipt this Period
 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2024
Transaction ID : SA.1078778.24.TE08
 Amount of Each Receipt this Period
 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2024
Transaction ID : SA.1078886.24.TE08
 Amount of Each Receipt this Period
 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 180 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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A. MAKOWSKI, BRUCE, , ,
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 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 20 / 2024**
Transaction ID : SA.1078887.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 20 / 2024**
Transaction ID : SA.1079027.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 20 / 2024**
Transaction ID : SA.1079232.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 181 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2024
Transaction ID : SA.1079299.24.TE08
 Amount of Each Receipt this Period
 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2024
Transaction ID : SA.1079410.24.TE08
 Amount of Each Receipt this Period
 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2024
Transaction ID : SA.1079412.24.TE08
 Amount of Each Receipt this Period
 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 182 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 20 / 2024**
Transaction ID : SA.1079473.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 20 / 2024**
Transaction ID : SA.1079529.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 20 / 2024**
Transaction ID : SA.1080032.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 183 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt 02 / 27 / 2024
Transaction ID : SA.1096243.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt 02 / 27 / 2024
Transaction ID : SA.1096244.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt 02 / 27 / 2024
Transaction ID : SA.1096332.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 184 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1096367.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1096392.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1096409.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 185 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1096431.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1096502.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1096517.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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 186 OF 293
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA.1096555.24.TE08
 Amount of Each Receipt this Period
 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA.1096638.24.TE08
 Amount of Each Receipt this Period
 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA.1096666.24.TE08
 Amount of Each Receipt this Period
 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 187 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1096667.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1096693.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1096768.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 188 OF 293
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1096795.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1096907.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1096963.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 189 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA.1096965.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA.1096971.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA.1096985.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 190 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA.1097029.24.TE08
 Amount of Each Receipt this Period
 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA.1097068.24.TE08
 Amount of Each Receipt this Period
 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA.1097073.24.TE08
 Amount of Each Receipt this Period
 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 191 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

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 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1097074.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1097091.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1097123.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 192 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1097131.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1097142.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1097144.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 193 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1097162.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1097182.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1097198.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 194 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1097208.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1097231.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1097245.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 195 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1097246.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1097247.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1097248.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
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: (check only one)	PAGE 196 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 02 / 27 / 2024
Mailing Address 1302 N. STEPHEN AVE.		Transaction ID : SA.1097249.24.TE08
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.99
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.52	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 02 / 27 / 2024
Mailing Address 1302 N. STEPHEN AVE.		Transaction ID : SA.1097254.24.TE08
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.99
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.52	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 02 / 27 / 2024
Mailing Address 1302 N. STEPHEN AVE.		Transaction ID : SA.1097272.24.TE08
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.99
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 239.52	TRANSFER
		TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 197 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1097274.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1097276.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1097289.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 198 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1097312.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1097359.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1097371.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 199 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1097464.24.TE08
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1097689.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1098240.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 200 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1098425.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1098673.24.TE08
 Amount of Each Receipt this Period 1.56
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1098675.24.TE08
 Amount of Each Receipt this Period 1.60
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 201 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1100797.24.TE08
 Amount of Each Receipt this Period 4.95
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MCBRIDE, HERMAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 309 S FORK
 City JACKSON CENTER State OH Zip Code 45334-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SHELBY Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3261.30

Date of Receipt **01 / 23 / 2024**
Transaction ID : SA.1021586.24.TE08
 Amount of Each Receipt this Period 142.05
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MCBRIDE, HERMAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 309 S FORK
 City JACKSON CENTER State OH Zip Code 45334-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SHELBY Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3261.30

Date of Receipt **01 / 23 / 2024**
Transaction ID : SA.1021595.24.TE08
 Amount of Each Receipt this Period 250.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 202 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCBRIDE, HERMAN, , ,

Mailing Address 309 S FORK

City JACKSON CENTER	State OH	Zip Code 45334-
------------------------	-------------	--------------------

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

Name of Employer (for Individual) SHELBY	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3261.30

Date of Receipt
MM / DD / YYYY
01 / 30 / 2024

Transaction ID : SA.1033087.24.TE08

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCBRIDE, HERMAN, , ,

Mailing Address 309 S FORK

City JACKSON CENTER	State OH	Zip Code 45334-
------------------------	-------------	--------------------

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

Name of Employer (for Individual) SHELBY	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3261.30

Date of Receipt
MM / DD / YYYY
01 / 30 / 2024

Transaction ID : SA.1034546.24.TE08

Amount of Each Receipt this Period
85.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCBRIDE, HERMAN, , ,

Mailing Address 309 S FORK

City JACKSON CENTER	State OH	Zip Code 45334-
------------------------	-------------	--------------------

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

Name of Employer (for Individual) SHELBY	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3261.30

Date of Receipt
MM / DD / YYYY
02 / 06 / 2024

Transaction ID : SA.1046698.24.TE08

Amount of Each Receipt this Period
50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 203 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCBRIDE, HERMAN, , ,

Mailing Address 309 S FORK

City JACKSON CENTER State OH Zip Code 45334-

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

Name of Employer (for Individual) SHELBY Occupation (for Individual) OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3261.30

Date of Receipt **02 / 06 / 2024**

Transaction ID : SA.1046964.24.TE08

Amount of Each Receipt this Period 212.50

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCBRIDE, HERMAN, , ,

Mailing Address 309 S FORK

City JACKSON CENTER State OH Zip Code 45334-

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

Name of Employer (for Individual) SHELBY Occupation (for Individual) OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3261.30

Date of Receipt **02 / 13 / 2024**

Transaction ID : SA.1070948.24.TE08

Amount of Each Receipt this Period 10.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCBRIDE, HERMAN, , ,

Mailing Address 309 S FORK

City JACKSON CENTER State OH Zip Code 45334-

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

Name of Employer (for Individual) SHELBY Occupation (for Individual) OWNER

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 3261.30

Date of Receipt **02 / 13 / 2024**

Transaction ID : SA.1074376.24.TE08

Amount of Each Receipt this Period 42.50

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 204 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCBRIDE, HERMAN, , ,

Mailing Address 309 S FORK

City JACKSON CENTER State OH Zip Code 45334-

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

Name of Employer (for Individual) SHELBY Occupation (for Individual) OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3261.30

Date of Receipt
MM / DD / YYYY
02 / 13 / 2024

Transaction ID : SA.1075177.24.TE08

Amount of Each Receipt this Period
50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCBRIDE, HERMAN, , ,

Mailing Address 309 S FORK

City JACKSON CENTER State OH Zip Code 45334-

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

Name of Employer (for Individual) SHELBY Occupation (for Individual) OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3261.30

Date of Receipt
MM / DD / YYYY
02 / 13 / 2024

Transaction ID : SA.1075291.24.TE08

Amount of Each Receipt this Period
85.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCBRIDE, HERMAN, , ,

Mailing Address 309 S FORK

City JACKSON CENTER State OH Zip Code 45334-

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

Name of Employer (for Individual) SHELBY Occupation (for Individual) OWNER

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 3261.30

Date of Receipt
MM / DD / YYYY
02 / 13 / 2024

Transaction ID : SA.1075502.24.TE08

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 205 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCBRIDE, HERMAN, , ,

Mailing Address 309 S FORK

City JACKSON CENTER State OH Zip Code 45334-

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

Name of Employer (for Individual) SHELBY Occupation (for Individual) OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3261.30

Date of Receipt **02 / 13 / 2024**

Transaction ID : SA.1075522.24.TE08

Amount of Each Receipt this Period 212.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCBRIDE, HERMAN, , ,

Mailing Address 309 S FORK

City JACKSON CENTER State OH Zip Code 45334-

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

Name of Employer (for Individual) SHELBY Occupation (for Individual) OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3261.30

Date of Receipt **02 / 13 / 2024**

Transaction ID : SA.1075536.24.TE08

Amount of Each Receipt this Period 260.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCBRIDE, HERMAN, , ,

Mailing Address 309 S FORK

City JACKSON CENTER State OH Zip Code 45334-

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

Name of Employer (for Individual) SHELBY Occupation (for Individual) OWNER

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 3261.30

Date of Receipt **02 / 20 / 2024**

Transaction ID : SA.1086251.24.TE08

Amount of Each Receipt this Period 85.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 206 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCBRIDE, HERMAN, , ,

Mailing Address 309 S FORK

City JACKSON CENTER	State OH	Zip Code 45334-
------------------------	-------------	--------------------

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

Name of Employer (for Individual) SHELBY	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3261.30

Date of Receipt
MM / DD / YYYY
02 / 20 / 2024

Transaction ID : SA.1086416.24.TE08

Amount of Each Receipt this Period
212.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCBRIDE, HERMAN, , ,

Mailing Address 309 S FORK

City JACKSON CENTER	State OH	Zip Code 45334-
------------------------	-------------	--------------------

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

Name of Employer (for Individual) SHELBY	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3261.30

Date of Receipt
MM / DD / YYYY
02 / 27 / 2024

Transaction ID : SA.1091367.24.TE08

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCBRIDE, HERMAN, , ,

Mailing Address 309 S FORK

City JACKSON CENTER	State OH	Zip Code 45334-
------------------------	-------------	--------------------

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

Name of Employer (for Individual) SHELBY	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3261.30

Date of Receipt
MM / DD / YYYY
02 / 27 / 2024

Transaction ID : SA.1093721.24.TE08

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 207 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCBRIDE, HERMAN, , ,

Mailing Address 309 S FORK

City JACKSON CENTER State OH Zip Code 45334-

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

Name of Employer (for Individual) SHELBY Occupation (for Individual) OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3261.30

Date of Receipt 02 / 27 / 2024
Transaction ID : SA.1095138.24.TE08

Amount of Each Receipt this Period 50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCBRIDE, HERMAN, , ,

Mailing Address 309 S FORK

City JACKSON CENTER State OH Zip Code 45334-

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

Name of Employer (for Individual) SHELBY Occupation (for Individual) OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3261.30

Date of Receipt 02 / 27 / 2024
Transaction ID : SA.1095173.24.TE08

Amount of Each Receipt this Period 60.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCBRIDE, HERMAN, , ,

Mailing Address 309 S FORK

City JACKSON CENTER State OH Zip Code 45334-

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

Name of Employer (for Individual) SHELBY Occupation (for Individual) OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3261.30

Date of Receipt 02 / 27 / 2024
Transaction ID : SA.1095303.24.TE08

Amount of Each Receipt this Period 85.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 208 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCBRIDE, HERMAN, , ,

Mailing Address 309 S FORK

City JACKSON CENTER State OH Zip Code 45334-

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

Name of Employer (for Individual) SHELBY Occupation (for Individual) OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3261.30

Date of Receipt **02 / 27 / 2024**

Transaction ID : SA.1095633.24.TE08

Amount of Each Receipt this Period 100.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCBRIDE, HERMAN, , ,

Mailing Address 309 S FORK

City JACKSON CENTER State OH Zip Code 45334-

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

Name of Employer (for Individual) SHELBY Occupation (for Individual) OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3261.30

Date of Receipt **02 / 27 / 2024**

Transaction ID : SA.1095645.24.TE08

Amount of Each Receipt this Period 130.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCBRIDE, HERMAN, , ,

Mailing Address 309 S FORK

City JACKSON CENTER State OH Zip Code 45334-

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

Name of Employer (for Individual) SHELBY Occupation (for Individual) OWNER

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 3261.30

Date of Receipt **02 / 27 / 2024**

Transaction ID : SA.1095658.24.TE08

Amount of Each Receipt this Period 212.50

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 209 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCBRIDE, HERMAN, , ,

Mailing Address 309 S FORK

City JACKSON CENTER	State OH	Zip Code 45334-
------------------------	-------------	--------------------

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

Name of Employer (for Individual) SHELBY	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3261.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1095685.24.TE08

Amount of Each Receipt this Period
250.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCBRIDE, HERMAN, , ,

Mailing Address 309 S FORK

City JACKSON CENTER	State OH	Zip Code 45334-
------------------------	-------------	--------------------

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

Name of Employer (for Individual) SHELBY	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3261.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1095686.24.TE08

Amount of Each Receipt this Period
250.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCBRIDE, HERMAN, , ,

Mailing Address 309 S FORK

City JACKSON CENTER	State OH	Zip Code 45334-
------------------------	-------------	--------------------

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

Name of Employer (for Individual) SHELBY	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3261.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1095689.24.TE08

Amount of Each Receipt this Period
260.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 210 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MCBRIDE, HERMAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 309 S FORK
 City JACKSON CENTER State OH Zip Code 45334-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SHELBY Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3261.30

Date of Receipt 02 / 27 / 2024
Transaction ID : SA.1101152.24.TE08
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MCBRIDE, HERMAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 309 S FORK
 City JACKSON CENTER State OH Zip Code 45334-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SHELBY Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3261.30

Date of Receipt 02 / 27 / 2024
Transaction ID : SA.1101255.24.TE08
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MCCANN, WILLIAM, R., , JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12909 E CASTRO ST
 City DEWEY State AZ Zip Code 86327-8285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 754.24

Date of Receipt 02 / 06 / 2024
Transaction ID : SA.1046646.24.TE08
 Amount of Each Receipt this Period 25.37
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 211 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 754.24

Date of Receipt **02 / 06 / 2024**

Transaction ID : SA.1046647.24.TE08

Amount of Each Receipt this Period 50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 754.24

Date of Receipt **02 / 06 / 2024**

Transaction ID : SA.1046648.24.TE08

Amount of Each Receipt this Period 50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 754.24

Date of Receipt **02 / 06 / 2024**

Transaction ID : SA.1046946.24.TE08

Amount of Each Receipt this Period 104.10

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 212 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 754.24

Date of Receipt **02 / 13 / 2024**

Transaction ID : SA.1067830.24.TE08

Amount of Each Receipt this Period 5.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 754.24

Date of Receipt **02 / 13 / 2024**

Transaction ID : SA.1067835.24.TE08

Amount of Each Receipt this Period 5.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 754.24

Date of Receipt **02 / 13 / 2024**

Transaction ID : SA.1068024.24.TE08

Amount of Each Receipt this Period 5.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 213 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY	State AZ	Zip Code 86327-8285
---------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
754.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024

Transaction ID : SA.1068096.24.TE08

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY	State AZ	Zip Code 86327-8285
---------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
754.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024

Transaction ID : SA.1068174.24.TE08

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY	State AZ	Zip Code 86327-8285
---------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
754.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024

Transaction ID : SA.1068176.24.TE08

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 214 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 754.24

Date of Receipt **02 / 13 / 2024**

Transaction ID : SA.1068356.24.TE08

Amount of Each Receipt this Period 5.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 754.24

Date of Receipt **02 / 13 / 2024**

Transaction ID : SA.1068512.24.TE08

Amount of Each Receipt this Period 6.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 754.24

Date of Receipt **02 / 13 / 2024**

Transaction ID : SA.1068837.24.TE08

Amount of Each Receipt this Period 8.50

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 215 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY	State AZ	Zip Code 86327-8285
---------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
754.24

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	13	/	2024

Transaction ID : SA.1070908.24.TE08

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY	State AZ	Zip Code 86327-8285
---------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
754.24

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	13	/	2024

Transaction ID : SA.1070909.24.TE08

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY	State AZ	Zip Code 86327-8285
---------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
754.24

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	13	/	2024

Transaction ID : SA.1070953.24.TE08

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 216 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY	State AZ	Zip Code 86327-8285
---------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
754.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024

Transaction ID : SA.1070958.24.TE08

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY	State AZ	Zip Code 86327-8285
---------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
754.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024

Transaction ID : SA.1071584.24.TE08

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY	State AZ	Zip Code 86327-8285
---------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
754.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024

Transaction ID : SA.1071931.24.TE08

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 217 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 754.24

Date of Receipt **02 / 13 / 2024**

Transaction ID : SA.1071932.24.TE08

Amount of Each Receipt this Period 20.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 754.24

Date of Receipt **02 / 13 / 2024**

Transaction ID : SA.1071951.24.TE08

Amount of Each Receipt this Period 20.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 754.24

Date of Receipt **02 / 13 / 2024**

Transaction ID : SA.1072135.24.TE08

Amount of Each Receipt this Period 21.25

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 218 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY	State AZ	Zip Code 86327-8285
---------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
754.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024

Transaction ID : SA.1073987.24.TE08

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY	State AZ	Zip Code 86327-8285
---------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
754.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024

Transaction ID : SA.1074050.24.TE08

Amount of Each Receipt this Period
25.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY	State AZ	Zip Code 86327-8285
---------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
754.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024

Transaction ID : SA.1074064.24.TE08

Amount of Each Receipt this Period
26.03

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 219 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 754.24

Date of Receipt **02 / 13 / 2024**

Transaction ID : SA.1074275.24.TE08

Amount of Each Receipt this Period 36.44

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 754.24

Date of Receipt **02 / 20 / 2024**

Transaction ID : SA.1082544.24.TE08

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 754.24

Date of Receipt **02 / 20 / 2024**

Transaction ID : SA.1082779.24.TE08

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 220 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 754.24

Date of Receipt **02 / 20 / 2024**

Transaction ID : SA.1084029.24.TE08

Amount of Each Receipt this Period 10.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 754.24

Date of Receipt **02 / 20 / 2024**

Transaction ID : SA.1084666.24.TE08

Amount of Each Receipt this Period 21.25

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 754.24

Date of Receipt **02 / 20 / 2024**

Transaction ID : SA.1084872.24.TE08

Amount of Each Receipt this Period 21.25

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 221 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 754.24

Date of Receipt **02 / 27 / 2024**

Transaction ID : SA.1091217.24.TE08

Amount of Each Receipt this Period 10.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 754.24

Date of Receipt **02 / 27 / 2024**

Transaction ID : SA.1091218.24.TE08

Amount of Each Receipt this Period 10.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 754.24

Date of Receipt **02 / 27 / 2024**

Transaction ID : SA.1091751.24.TE08

Amount of Each Receipt this Period 15.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 222 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 754.24

Date of Receipt **02 / 27 / 2024**

Transaction ID : SA.1091756.24.TE08

Amount of Each Receipt this Period 15.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 754.24

Date of Receipt **02 / 27 / 2024**

Transaction ID : SA.1091847.24.TE08

Amount of Each Receipt this Period 17.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 754.24

Date of Receipt **02 / 27 / 2024**

Transaction ID : SA.1092045.24.TE08

Amount of Each Receipt this Period 19.80

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 223 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY	State AZ	Zip Code 86327-8285
---------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
754.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1092713.24.TE08

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY	State AZ	Zip Code 86327-8285
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
754.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1093687.24.TE08

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY	State AZ	Zip Code 86327-8285
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
754.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1101041.24.TE08

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 224 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 754.24

Date of Receipt
MM / DD / YYYY
02 / 27 / 2024

Transaction ID : SA.1101151.24.TE08

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 754.24

Date of Receipt
MM / DD / YYYY
02 / 27 / 2024

Transaction ID : SA.1101230.24.TE08

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 754.24

Date of Receipt
MM / DD / YYYY
02 / 27 / 2024

Transaction ID : SA.1101343.24.TE08

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 225 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MCCANN, WILLIAM, R., , JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12909 E CASTRO ST
 City DEWEY State AZ Zip Code 86327-8285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 754.24

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1101344.24.TE08
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **01 / 04 / 2024**
Transaction ID : SA.1000742.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **01 / 04 / 2024**
Transaction ID : SA.1000777.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 226 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **01 / 04 / 2024**

Transaction ID : SA.1000975.24.TE08

Amount of Each Receipt this Period 4.25

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **01 / 04 / 2024**

Transaction ID : SA.1001020.24.TE08

Amount of Each Receipt this Period 5.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **01 / 04 / 2024**

Transaction ID : SA.1001049.24.TE08

Amount of Each Receipt this Period 5.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 227 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **01 / 04 / 2024**

Transaction ID : SA.1001050.24.TE08

Amount of Each Receipt this Period 5.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **01 / 04 / 2024**

Transaction ID : SA.1001051.24.TE08

Amount of Each Receipt this Period 5.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **01 / 04 / 2024**

Transaction ID : SA.1001082.24.TE08

Amount of Each Receipt this Period 6.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 228 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MIRABILE, LORRAINE, F., ,		Date of Receipt MM / DD / YYYY 01 / 04 / 2024 Transaction ID : SA.1001083.24.TE08
Mailing Address 1527 PELICAN PATH		Amount of Each Receipt this Period 6.00
City THE VILLAGES	State FL	Zip Code 32162-2208
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1030.85	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MIRABILE, LORRAINE, F., ,		Date of Receipt MM / DD / YYYY 01 / 04 / 2024 Transaction ID : SA.1001107.24.TE08
Mailing Address 1527 PELICAN PATH		Amount of Each Receipt this Period 8.50
City THE VILLAGES	State FL	Zip Code 32162-2208
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1030.85	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MIRABILE, LORRAINE, F., ,		Date of Receipt MM / DD / YYYY 01 / 04 / 2024 Transaction ID : SA.1001183.24.TE08
Mailing Address 1527 PELICAN PATH		Amount of Each Receipt this Period 10.00
City THE VILLAGES	State FL	Zip Code 32162-2208
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1030.85	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 229 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1030.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 04 / 2024

Transaction ID : SA.1001215.24.TE08

Amount of Each Receipt this Period
11.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1030.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 04 / 2024

Transaction ID : SA.1001261.24.TE08

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1030.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 04 / 2024

Transaction ID : SA.1001300.24.TE08

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 230 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1030.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 04 / 2024

Transaction ID : SA.1001375.24.TE08

Amount of Each Receipt this Period
36.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1030.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 09 / 2024

Transaction ID : SA.1003935.24.TE08

Amount of Each Receipt this Period
2.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1030.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 09 / 2024

Transaction ID : SA.1003936.24.TE08

Amount of Each Receipt this Period
2.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 231 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MIRABILE, LORRAINE, F., ,		Date of Receipt MM / DD / YYYY 01 / 09 / 2024 Transaction ID : SA.1003979.24.TE08
Mailing Address 1527 PELICAN PATH		Amount of Each Receipt this Period 2.50
City THE VILLAGES	State FL	Zip Code 32162-2208
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1030.85	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MIRABILE, LORRAINE, F., ,		Date of Receipt MM / DD / YYYY 01 / 09 / 2024 Transaction ID : SA.1003980.24.TE08
Mailing Address 1527 PELICAN PATH		Amount of Each Receipt this Period 2.50
City THE VILLAGES	State FL	Zip Code 32162-2208
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1030.85	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MIRABILE, LORRAINE, F., ,		Date of Receipt MM / DD / YYYY 01 / 09 / 2024 Transaction ID : SA.1003992.24.TE08
Mailing Address 1527 PELICAN PATH		Amount of Each Receipt this Period 2.55
City THE VILLAGES	State FL	Zip Code 32162-2208
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1030.85	

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 232 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **01 / 09 / 2024**

Transaction ID : SA.1004025.24.TE08

Amount of Each Receipt this Period 3.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **01 / 09 / 2024**

Transaction ID : SA.1004181.24.TE08

Amount of Each Receipt this Period 5.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **01 / 09 / 2024**

Transaction ID : SA.1004318.24.TE08

Amount of Each Receipt this Period 8.50

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 233 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1030.85

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		06		2024

Transaction ID : SA.1039801.24.TE08

Amount of Each Receipt this Period
0.15

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1030.85

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		06		2024

Transaction ID : SA.1044082.24.TE08

Amount of Each Receipt this Period
8.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1030.85

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		13		2024

Transaction ID : SA.1064523.24.TE08

Amount of Each Receipt this Period
2.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 234 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1030.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024

Transaction ID : SA.1065087.24.TE08

Amount of Each Receipt this Period
3.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1030.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024

Transaction ID : SA.1065121.24.TE08

Amount of Each Receipt this Period
3.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1030.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024

Transaction ID : SA.1065863.24.TE08

Amount of Each Receipt this Period
4.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 235 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1030.85

Date of Receipt
02 / 13 / 2024
Transaction ID : SA.1067794.24.TE08

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1030.85

Date of Receipt
02 / 13 / 2024
Transaction ID : SA.1067795.24.TE08

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1030.85

Date of Receipt
02 / 13 / 2024
Transaction ID : SA.1067797.24.TE08

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 236 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt 02 / 13 / 2024
Transaction ID : SA.1068231.24.TE08

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt 02 / 13 / 2024
Transaction ID : SA.1068232.24.TE08

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt 02 / 13 / 2024
Transaction ID : SA.1068233.24.TE08

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 237 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt 02 / 13 / 2024
Transaction ID : SA.1068234.24.TE08

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt 02 / 13 / 2024
Transaction ID : SA.1068235.24.TE08

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt 02 / 13 / 2024
Transaction ID : SA.1068677.24.TE08

Amount of Each Receipt this Period 7.65

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 238 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt 02 / 13 / 2024
Transaction ID : SA.1068678.24.TE08

Amount of Each Receipt this Period 7.65

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt 02 / 13 / 2024
Transaction ID : SA.1069075.24.TE08

Amount of Each Receipt this Period 9.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt 02 / 13 / 2024
Transaction ID : SA.1070679.24.TE08

Amount of Each Receipt this Period 10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 239 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **02 / 13 / 2024**

Transaction ID : SA.1070680.24.TE08

Amount of Each Receipt this Period 10.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **02 / 13 / 2024**

Transaction ID : SA.1070995.24.TE08

Amount of Each Receipt this Period 10.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **02 / 13 / 2024**

Transaction ID : SA.1071145.24.TE08

Amount of Each Receipt this Period 11.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 240 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1071260.24.TE08
 Amount of Each Receipt this Period 14.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1071609.24.TE08
 Amount of Each Receipt this Period 17.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1071901.24.TE08
 Amount of Each Receipt this Period 20.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 241 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MIRABILE, LORRAINE, F., ,		Date of Receipt MM / DD / YYYY 02 / 13 / 2024 Transaction ID : SA.1071906.24.TE08
Mailing Address 1527 PELICAN PATH		Amount of Each Receipt this Period 20.00
City THE VILLAGES	State FL	Zip Code 32162-2208
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1030.85	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MIRABILE, LORRAINE, F., ,		Date of Receipt MM / DD / YYYY 02 / 13 / 2024 Transaction ID : SA.1071907.24.TE08
Mailing Address 1527 PELICAN PATH		Amount of Each Receipt this Period 20.00
City THE VILLAGES	State FL	Zip Code 32162-2208
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1030.85	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MIRABILE, LORRAINE, F., ,		Date of Receipt MM / DD / YYYY 02 / 13 / 2024 Transaction ID : SA.1071908.24.TE08
Mailing Address 1527 PELICAN PATH		Amount of Each Receipt this Period 20.00
City THE VILLAGES	State FL	Zip Code 32162-2208
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1030.85	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 242 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1030.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024

Transaction ID : SA.1074111.24.TE08

Amount of Each Receipt this Period
29.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1030.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024

Transaction ID : SA.1074113.24.TE08

Amount of Each Receipt this Period
29.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1030.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2024

Transaction ID : SA.1081002.24.TE08

Amount of Each Receipt this Period
2.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 243 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **02 / 20 / 2024**
Transaction ID : SA.1082527.24.TE08
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **02 / 20 / 2024**
Transaction ID : SA.1082607.24.TE08
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **02 / 20 / 2024**
Transaction ID : SA.1082823.24.TE08
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 244 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **02 / 20 / 2024**

Transaction ID : SA.1082898.24.TE08

Amount of Each Receipt this Period 5.95

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **02 / 20 / 2024**

Transaction ID : SA.1082958.24.TE08

Amount of Each Receipt this Period 6.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **02 / 20 / 2024**

Transaction ID : SA.1083050.24.TE08

Amount of Each Receipt this Period 8.50

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 245 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **02 / 20 / 2024**

Transaction ID : SA.1083146.24.TE08

Amount of Each Receipt this Period 8.50

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **02 / 20 / 2024**

Transaction ID : SA.1083874.24.TE08

Amount of Each Receipt this Period 10.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **02 / 20 / 2024**

Transaction ID : SA.1083875.24.TE08

Amount of Each Receipt this Period 10.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 246 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1030.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2024

Transaction ID : SA.1083876.24.TE08

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1030.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2024

Transaction ID : SA.1083927.24.TE08

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1030.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2024

Transaction ID : SA.1084079.24.TE08

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 247 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1030.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2024

Transaction ID : SA.1084080.24.TE08

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1030.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2024

Transaction ID : SA.1084136.24.TE08

Amount of Each Receipt this Period
11.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1030.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2024

Transaction ID : SA.1084140.24.TE08

Amount of Each Receipt this Period
11.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 248 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **02 / 20 / 2024**

Transaction ID : SA.1084560.24.TE08

Amount of Each Receipt this Period 20.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **02 / 20 / 2024**

Transaction ID : SA.1084561.24.TE08

Amount of Each Receipt this Period 20.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **02 / 20 / 2024**

Transaction ID : SA.1084562.24.TE08

Amount of Each Receipt this Period 20.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 249 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **02 / 20 / 2024**

Transaction ID : SA.1084581.24.TE08

Amount of Each Receipt this Period 20.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **02 / 20 / 2024**

Transaction ID : SA.1084582.24.TE08

Amount of Each Receipt this Period 20.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **02 / 20 / 2024**

Transaction ID : SA.1084924.24.TE08

Amount of Each Receipt this Period 21.25

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 250 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **02 / 20 / 2024**

Transaction ID : SA.1085554.24.TE08

Amount of Each Receipt this Period 30.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **02 / 20 / 2024**

Transaction ID : SA.1085670.24.TE08

Amount of Each Receipt this Period 39.95

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **02 / 20 / 2024**

Transaction ID : SA.1085671.24.TE08

Amount of Each Receipt this Period 39.95

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 251 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1030.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2024

Transaction ID : SA.1085746.24.TE08

Amount of Each Receipt this Period
42.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1030.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2024

Transaction ID : SA.1089812.24.TE08

Amount of Each Receipt this Period
7.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1030.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2024

Transaction ID : SA.1090290.24.TE08

Amount of Each Receipt this Period
8.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 252 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1030.85

Date of Receipt
02 / 27 / 2024
Transaction ID : SA.1091492.24.TE08

Amount of Each Receipt this Period
11.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1030.85

Date of Receipt
02 / 27 / 2024
Transaction ID : SA.1091772.24.TE08

Amount of Each Receipt this Period
15.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1030.85

Date of Receipt
02 / 27 / 2024
Transaction ID : SA.1094030.24.TE08

Amount of Each Receipt this Period
30.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 253 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **02 / 27 / 2024**

Transaction ID : SA.1094031.24.TE08

Amount of Each Receipt this Period 30.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **02 / 27 / 2024**

Transaction ID : SA.1094383.24.TE08

Amount of Each Receipt this Period 42.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1030.85

Date of Receipt **02 / 27 / 2024**

Transaction ID : SA.1101527.24.TE08

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 254 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1030.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1101528.24.TE08

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1030.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1101529.24.TE08

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 09 / 2024

Transaction ID : SA.1004767.24.TE08

Amount of Each Receipt this Period
49.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 255 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
MM / DD / YYYY
01 / 23 / 2024

Transaction ID : SA.1020899.24.TE08

Amount of Each Receipt this Period
35.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
MM / DD / YYYY
01 / 30 / 2024

Transaction ID : SA.1034023.24.TE08

Amount of Each Receipt this Period
39.60

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
MM / DD / YYYY
02 / 06 / 2024

Transaction ID : SA.1040026.24.TE08

Amount of Each Receipt this Period
0.35

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 256 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2024

Transaction ID : SA.1040137.24.TE08

Amount of Each Receipt this Period
0.35

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2024

Transaction ID : SA.1046621.24.TE08

Amount of Each Receipt this Period
49.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1186.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2024

Transaction ID : SA.1069004.24.TE08

Amount of Each Receipt this Period
8.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 257 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2024

Transaction ID : SA.1069005.24.TE08

Amount of Each Receipt this Period
8.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2024

Transaction ID : SA.1069043.24.TE08

Amount of Each Receipt this Period
8.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1186.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2024

Transaction ID : SA.1070006.24.TE08

Amount of Each Receipt this Period
9.90

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 258 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024

Transaction ID : SA.1071224.24.TE08

Amount of Each Receipt this Period
12.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024

Transaction ID : SA.1071235.24.TE08

Amount of Each Receipt this Period
12.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024

Transaction ID : SA.1071311.24.TE08

Amount of Each Receipt this Period
14.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 259 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024

Transaction ID : SA.1071532.24.TE08

Amount of Each Receipt this Period
15.35

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024

Transaction ID : SA.1071652.24.TE08

Amount of Each Receipt this Period
18.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024

Transaction ID : SA.1072036.24.TE08

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 260 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2024

Transaction ID : SA.1072037.24.TE08

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2024

Transaction ID : SA.1072129.24.TE08

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1186.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2024

Transaction ID : SA.1072196.24.TE08

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 261 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024

Transaction ID : SA.1072233.24.TE08

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024

Transaction ID : SA.1074018.24.TE08

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2024

Transaction ID : SA.1078061.24.TE08

Amount of Each Receipt this Period
0.15

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 262 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
MM / DD / YYYY
02 / 20 / 2024

Transaction ID : SA.1084207.24.TE08

Amount of Each Receipt this Period
12.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
MM / DD / YYYY
02 / 20 / 2024

Transaction ID : SA.1084208.24.TE08

Amount of Each Receipt this Period
12.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
MM / DD / YYYY
02 / 20 / 2024

Transaction ID : SA.1084230.24.TE08

Amount of Each Receipt this Period
12.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 263 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
MM / DD / YYYY
02 / 20 / 2024

Transaction ID : SA.1084235.24.TE08

Amount of Each Receipt this Period
12.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
MM / DD / YYYY
02 / 20 / 2024

Transaction ID : SA.1084319.24.TE08

Amount of Each Receipt this Period
14.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
MM / DD / YYYY
02 / 20 / 2024

Transaction ID : SA.1084323.24.TE08

Amount of Each Receipt this Period
15.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 264 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
MM / DD / YYYY
02 / 20 / 2024

Transaction ID : SA.1084337.24.TE08

Amount of Each Receipt this Period
15.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
MM / DD / YYYY
02 / 20 / 2024

Transaction ID : SA.1084396.24.TE08

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
MM / DD / YYYY
02 / 20 / 2024

Transaction ID : SA.1084633.24.TE08

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 265 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN State ID Zip Code 83642-4742

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1186.31

Date of Receipt
02 / 20 / 2024
Transaction ID : SA.1084745.24.TE08

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN State ID Zip Code 83642-4742

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1186.31

Date of Receipt
02 / 20 / 2024
Transaction ID : SA.1084766.24.TE08

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN State ID Zip Code 83642-4742

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1186.31

Date of Receipt
02 / 20 / 2024
Transaction ID : SA.1084871.24.TE08

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 266 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
MM / DD / YYYY
02 / 20 / 2024

Transaction ID : SA.1085057.24.TE08

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
MM / DD / YYYY
02 / 20 / 2024

Transaction ID : SA.1085428.24.TE08

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
MM / DD / YYYY
02 / 20 / 2024

Transaction ID : SA.1085622.24.TE08

Amount of Each Receipt this Period
35.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 267 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
MM / DD / YYYY
02 / 20 / 2024

Transaction ID : SA.1086273.24.TE08

Amount of Each Receipt this Period
99.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
MM / DD / YYYY
02 / 27 / 2024

Transaction ID : SA.1091554.24.TE08

Amount of Each Receipt this Period
12.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
MM / DD / YYYY
02 / 27 / 2024

Transaction ID : SA.1091555.24.TE08

Amount of Each Receipt this Period
12.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 268 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2024

Transaction ID : SA.1091564.24.TE08

Amount of Each Receipt this Period
12.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2024

Transaction ID : SA.1091574.24.TE08

Amount of Each Receipt this Period
12.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1186.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2024

Transaction ID : SA.1091594.24.TE08

Amount of Each Receipt this Period
12.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 269 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN State ID Zip Code 83642-4742

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1186.31

Date of Receipt 02 / 27 / 2024
Transaction ID : SA.1091604.24.TE08

Amount of Each Receipt this Period 12.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN State ID Zip Code 83642-4742

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1186.31

Date of Receipt 02 / 27 / 2024
Transaction ID : SA.1091642.24.TE08

Amount of Each Receipt this Period 14.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN State ID Zip Code 83642-4742

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1186.31

Date of Receipt 02 / 27 / 2024
Transaction ID : SA.1091645.24.TE08

Amount of Each Receipt this Period 14.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 270 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
MM / DD / YYYY
02 / 27 / 2024

Transaction ID : SA.1091748.24.TE08

Amount of Each Receipt this Period
15.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
MM / DD / YYYY
02 / 27 / 2024

Transaction ID : SA.1091948.24.TE08

Amount of Each Receipt this Period
17.21

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
MM / DD / YYYY
02 / 27 / 2024

Transaction ID : SA.1092261.24.TE08

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 271 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1092306.24.TE08

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1092353.24.TE08

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024

Transaction ID : SA.1092442.24.TE08

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 272 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
MM / DD / YYYY
02 / 27 / 2024

Transaction ID : SA.1092588.24.TE08

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
MM / DD / YYYY
02 / 27 / 2024

Transaction ID : SA.1092599.24.TE08

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1186.31

Date of Receipt
MM / DD / YYYY
02 / 27 / 2024

Transaction ID : SA.1092758.24.TE08

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 273 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN State ID Zip Code 83642-4742

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1186.31

Date of Receipt 02 / 27 / 2024
Transaction ID : SA.1092761.24.TE08

Amount of Each Receipt this Period 24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN State ID Zip Code 83642-4742

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1186.31

Date of Receipt 02 / 27 / 2024
Transaction ID : SA.1092935.24.TE08

Amount of Each Receipt this Period 24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN State ID Zip Code 83642-4742

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1186.31

Date of Receipt 02 / 27 / 2024
Transaction ID : SA.1093625.24.TE08

Amount of Each Receipt this Period 24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 274 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. PRESLEY, JUANITA, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1186.31

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA.1093833.24.TE08
 Amount of Each Receipt this Period 25.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. SILVERMAN, JEFFREY, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 E WALTON ST APT 5100
 City CHICAGO State IL Zip Code 60611-5441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3435.35

Date of Receipt **01 / 23 / 2024**
Transaction ID : SA.1021610.24.TE08
 Amount of Each Receipt this Period 3435.35
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 183.24

Date of Receipt **01 / 04 / 2024**
Transaction ID : SA.1000609.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 275 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 183.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 09 / 2024
Transaction ID : SA.1004067.24.TE08
 Amount of Each Receipt this Period
 4.25
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 183.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 09 / 2024
Transaction ID : SA.1004145.24.TE08
 Amount of Each Receipt this Period
 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 183.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 09 / 2024
Transaction ID : SA.1004150.24.TE08
 Amount of Each Receipt this Period
 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 276 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 183.24

Date of Receipt 01 / 16 / 2024
Transaction ID : SA.1007172.24.TE08
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 183.24

Date of Receipt 01 / 16 / 2024
Transaction ID : SA.1007657.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 183.24

Date of Receipt 01 / 16 / 2024
Transaction ID : SA.1007690.24.TE08
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 277 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SOMMERFELD, MARGO, , ,

Mailing Address **4454 CASITAS ST**

City SAN DIEGO	State CA	Zip Code 92107-4218
--------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
183.24

Date of Receipt
01 / 16 / 2024

Transaction ID : SA.1008811.24.TE08

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SOMMERFELD, MARGO, , ,

Mailing Address **4454 CASITAS ST**

City SAN DIEGO	State CA	Zip Code 92107-4218
--------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
183.24

Date of Receipt
01 / 23 / 2024

Transaction ID : SA.1014627.24.TE08

Amount of Each Receipt this Period
0.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SOMMERFELD, MARGO, , ,

Mailing Address **4454 CASITAS ST**

City SAN DIEGO	State CA	Zip Code 92107-4218
--------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
183.24

Date of Receipt
01 / 23 / 2024

Transaction ID : SA.1017050.24.TE08

Amount of Each Receipt this Period
4.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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: (check only one)	PAGE 278 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 183.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024
Transaction ID : SA.1018576.24.TE08
 Amount of Each Receipt this Period 8.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 183.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2024
Transaction ID : SA.1020344.24.TE08
 Amount of Each Receipt this Period 25.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 183.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2024
Transaction ID : SA.1031485.24.TE08
 Amount of Each Receipt this Period 8.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 279 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 183.24

Date of Receipt 01 / 30 / 2024
Transaction ID : SA.1032702.24.TE08
 Amount of Each Receipt this Period 17.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 183.24

Date of Receipt 01 / 30 / 2024
Transaction ID : SA.1033412.24.TE08
 Amount of Each Receipt this Period 24.75
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 183.24

Date of Receipt 01 / 30 / 2024
Transaction ID : SA.1033990.24.TE08
 Amount of Each Receipt this Period 35.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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: (check only one)	PAGE 280 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 183.24

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1046318.24.TE08
 Amount of Each Receipt this Period 36.44
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. SYNNOTT, DONNA, L., MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 326 COUNCIL BLUFF PKWY.
 City MURFREESBORO State TN Zip Code 37127-8317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 118.80

Date of Receipt **01 / 16 / 2024**
Transaction ID : SA.1010698.24.TE08
 Amount of Each Receipt this Period 74.25
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. SYNNOTT, DONNA, L., MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 326 COUNCIL BLUFF PKWY.
 City MURFREESBORO State TN Zip Code 37127-8317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 118.80

Date of Receipt **01 / 23 / 2024**
Transaction ID : SA.1020322.24.TE08
 Amount of Each Receipt this Period 24.75
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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: (check only one)	PAGE 281 OF 293
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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NAME OF COMMITTEE (In Full)
E-PAC

A. SYNNOTT, DONNA, L., MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 326 COUNCIL BLUFF PKWY.
 City MURFREESBORO State TN Zip Code 37127-8317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 118.80

Date of Receipt **01 / 30 / 2024**
Transaction ID : SA.1032784.24.TE08
 Amount of Each Receipt this Period 19.80
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. ZERVOS, JOANNE, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 JEFFREY LN
 City WESTHAMPTON BEACH State NY Zip Code 11978-1443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3440.84

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1046982.24.TE08
 Amount of Each Receipt this Period 105.84
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. ZERVOS, JOANNE, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 JEFFREY LN
 City WESTHAMPTON BEACH State NY Zip Code 11978-1443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3440.84

Date of Receipt **02 / 20 / 2024**
Transaction ID : SA.1085614.24.TE08
 Amount of Each Receipt this Period 35.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	109055.49

**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)

E-PAC

Full Name (Last, First, Middle Initial)

A. HESTER, PATRICK, , ,

Mailing Address PO BOX 500

City
GLENS FALLS

State
NY

Zip Code
12801

Purpose of Disbursement

TRAVEL- MILEAGE

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
0	2		0	1		2	0	2	4

FEC Identification Number

C []

Transaction ID : SB.18

Amount of Each Disbursement this Period

[] 335.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ASREWAY ADVISING LLC

Mailing Address 1010 HALF STREET SE APT #366

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

POLITICAL STRATEGY CONSULTING

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
0	2		0	1		2	0	2	4

FEC Identification Number

C []

Transaction ID : SB.12

Amount of Each Disbursement this Period

[] 1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GRV STRATEGIES LLC

Mailing Address 731 SEATON AVENUE UNIT 309

City
ALEXANDRIA

State
VA

Zip Code
22305

Purpose of Disbursement

POLITICAL STRATEGY CONSULTING

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
0	2		0	5		2	0	2	4

FEC Identification Number

C []

Transaction ID : SB.13

Amount of Each Disbursement this Period

[] 1000.00

Memo Item

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

[] 2835.00

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)
E-PAC

Full Name (Last, First, Middle Initial) A. MRDLAW		Date of Disbursement MM / DD / YYYY 02 / 06 / 2024
Mailing Address 191 UNIVERSITY BOULEVARD SUITE 532		FEC Identification Number C Transaction ID : SB.10 Amount of Each Disbursement this Period 5000.00
City DENVER	State CO	
Purpose of Disbursement LEGAL CONSULTING		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) B. NORTH COUNTRY STRATEGIES LLC		Date of Disbursement MM / DD / YYYY 02 / 06 / 2024
Mailing Address 16 NORTHERN PINES ROAD		FEC Identification Number C Transaction ID : SB.15 Amount of Each Disbursement this Period 899.58
City GANSEVOORT	State NY	
Purpose of Disbursement TRAVEL		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. NORTH COUNTRY STRATEGIES LLC		Date of Disbursement MM / DD / YYYY 02 / 06 / 2024
Mailing Address 16 NORTHERN PINES ROAD		FEC Identification Number C Transaction ID : SB.19 Amount of Each Disbursement this Period 10305.91
City GANSEVOORT	State NY	
Purpose of Disbursement TRAVEL/FOOD/BEVERAGES		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).....▶	16205.49
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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
E-PAC

Form A: WINRED TECHNICAL SERVICES LLC. Includes fields for Date of Disbursement (02/06/2024), FEC Identification Number (C), Transaction ID (SB.3), and Amount of Each Disbursement (629.65).

Form B: RED SPARK STRATEGY. Includes fields for Date of Disbursement (02/08/2024), FEC Identification Number (C), Transaction ID (SB.8), and Amount of Each Disbursement (3265.64).

Form C: CMDI. Includes fields for Date of Disbursement (02/09/2024), FEC Identification Number (C), Transaction ID (SB.7), and Amount of Each Disbursement (500.00).

SUBTOTAL of Disbursements This Page (optional) 4395.29
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)
E-PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD #530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2024

FEC Identification Number

C

Transaction ID : SB.4

Amount of Each Disbursement this Period

268.81

Memo Item

Full Name (Last, First, Middle Initial)

B. REPUBLIC STRATEGIES

Mailing Address 611 PENNSYLVANIA AVE SUITE 396

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2024

FEC Identification Number

C

Transaction ID : SB.9

Amount of Each Disbursement this Period

7580.00

Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD #530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2024

FEC Identification Number

C

Transaction ID : SB.5

Amount of Each Disbursement this Period

191.79

Memo Item

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

8040.60

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)

E-PAC

Full Name (Last, First, Middle Initial)

A. BWI AIRPORT

Mailing Address 7050 FRIENDSHIP RD

City
BALTIMORE

State
MD

Zip Code
21240

Purpose of Disbursement

TRAVEL

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
02 / 21 / 2024

FEC Identification Number

C

Transaction ID : SB.17

Amount of Each Disbursement this Period

36.00

Memo Item

Full Name (Last, First, Middle Initial)

B. COMPLIANCE CONSULTING CO OF VIRGINIA LLC

Mailing Address PO BOX 365

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement

COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
02 / 21 / 2024

FEC Identification Number

C

Transaction ID : SB.2

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SHELL OIL HQ

Mailing Address PO BOX 2463

City
HOUSTON

State
TX

Zip Code
77252

Purpose of Disbursement

TRAVEL

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
02 / 21 / 2024

FEC Identification Number

C

Transaction ID : SB.16

Amount of Each Disbursement this Period

18.75

Memo Item

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

1554.75

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)
E-PAC

Full Name (Last, First, Middle Initial) A. TRUIST		Date of Disbursement MM / DD / YYYY 02 / 21 / 2024
Mailing Address 2200 WILSON BLVD SUITE 100		FEC Identification Number C Transaction ID : SB.1 Amount of Each Disbursement this Period 15.00
City ARLINGTON	State VA	
Zip Code 22201		Memo Item <input type="checkbox"/>
Purpose of Disbursement BANK FEES	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. WILEY REIN LLP		Date of Disbursement MM / DD / YYYY 02 / 23 / 2024
Mailing Address PO BOX 800		FEC Identification Number C Transaction ID : SB.11 Amount of Each Disbursement this Period 1500.00
City NEWARK	State NJ	
Zip Code 07101		Memo Item <input type="checkbox"/>
Purpose of Disbursement LEGAL CONSULTING	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. INTUIT		Date of Disbursement MM / DD / YYYY 02 / 26 / 2024
Mailing Address 2700 COAST AVE		FEC Identification Number C Transaction ID : SB.14 Amount of Each Disbursement this Period 60.00
City MOUNTAIN VIEW	State CA	
Zip Code 94043		Memo Item <input type="checkbox"/>
Purpose of Disbursement SUBSCRIPTIONS	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	1575.00
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)

E-PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD #530

City
ARLINGTON

State
VA

Zip Code
22209

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	2	4

FEC Identification Number

C []

Transaction ID : SB.6

Amount of Each Disbursement this Period

[] 738.80

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

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

[] 738.80

[] 35344.93

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)

E-PAC

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO ELECT MIKE EZELL

Mailing Address PO BOX 1842

City
GULFPORT

State
MS

Zip Code
39502

Purpose of Disbursement
CONTRIBUTION

Candidate Name

EZELL, WALTER, MICHAEL, ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MS District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	2	4

FEC Identification Number

C C00776393

Transaction ID : SB.28

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FEENSTRA FOR CONGRESS

Mailing Address 641 2ND STREET

City
HULL

State
IA

Zip Code
51239

Purpose of Disbursement
CONTRIBUTION

Candidate Name

FEENSTRA, RANDY, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: IA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	2	4

FEC Identification Number

C C00693663

Transaction ID : SB.29

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FISCHBACH FOR CONGRESS

Mailing Address PO BOX 190

City
LITCHFIELD

State
MN

Zip Code
55355

Purpose of Disbursement
CONTRIBUTION

Candidate Name

FISCHBACH, MICHELLE, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MN District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	2	4

FEC Identification Number

C C00717959

Transaction ID : SB.30

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

15000.00

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 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)
E-PAC

A. JOE TEIRAB FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1894

City BURNSVILLE State MN Zip Code 55337

Purpose of Disbursement
CONTRIBUTION

Candidate Name
TEIRAB, JOE, , ,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: MN District: 02

Date of Disbursement: 02 / 05 / 2024

FEC Identification Number: C00853929
Transaction ID : SB.23

Amount of Each Disbursement this Period: 5000.00

Memo Item

B. JUDGE JOE MCGRAW FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1451

City ROCKFOD State IL Zip Code 61105

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MCGRAW, JOE, , ,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: IL District: 17

Date of Disbursement: 02 / 05 / 2024

FEC Identification Number: C00851246
Transaction ID : SB.24

Amount of Each Disbursement this Period: 5000.00

Memo Item

C. MERCURI FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 3000 VILLAGE RUN ROAD STE 103-300

City WEXFORD State PA Zip Code 15090

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MERCURI, ROBERT, , ,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: PA District: 17

Date of Disbursement: 02 / 05 / 2024

FEC Identification Number: C00848150
Transaction ID : SB.25

Amount of Each Disbursement this Period: 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 15000.00

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 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)

E-PAC

Full Name (Last, First, Middle Initial)

A. NIEMEYER FOR CONGRESS

Mailing Address PO BOX 727

City
CEDAR LAKE

State
IN

Zip Code
46303

Purpose of Disbursement
CONTRIBUTION

Candidate Name

NIEMEYER, RANDY, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: IN District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	2	4

FEC Identification Number

C C00851972

Transaction ID : SB.26

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. VINCE FONG FOR CONGRESS

Mailing Address PO BOX 11156

City
BAKERSFIELD

State
CA

Zip Code
93389

Purpose of Disbursement
CONTRIBUTION

Candidate Name

FONG, VINCE, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: CA District: 20

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	2	4

FEC Identification Number

C C00859892

Transaction ID : SB.27

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. VIRGINIA FOXX FOR CONGRESS

Mailing Address PO BOX 2676

City
BOONE

State
NC

Zip Code
28607

Purpose of Disbursement
CONTRIBUTION

Candidate Name

FOXX, VIRGINIA, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NC District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	2	4

FEC Identification Number

C C00386748

Transaction ID : SB.31

Amount of Each Disbursement this Period

5000.00

Memo Item

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

15000.00

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 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)

E-PAC

Full Name (Last, First, Middle Initial)

A. BERNIE MORENO FOR SENATE

Mailing Address PO BOX 340797

City COLUMBUS State OH Zip Code 43234

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MORENO, BERNIE, , ,

Office Sought: House
 Senate
 President
State: OH District: 00

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2024

FEC Identification Number

C C00837484

Transaction ID : SB.22

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. NANCY MACE FOR CONGRESS

Mailing Address 295 SEVEN FARMS DRIVE STE C-186

City CHARLESTON State SC Zip Code 29492

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MACE, NANCY, , ,

Office Sought: House
 Senate
 President
State: SC District: 01

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2024

FEC Identification Number

C C00710103

Transaction ID : SB.20

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JOHN DUARTE FOR CONGRESS

Mailing Address 9460 TEGNER ROAD

City HILMAR State CA Zip Code 95324

Purpose of Disbursement
CONTRIBUTION

Candidate Name
DUARTE, JOHN, , ,

Office Sought: House
 Senate
 President
State: CA District: 13

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2024

FEC Identification Number

C C00808279

Transaction ID : SB.21

Amount of Each Disbursement this Period

5000.00

Memo Item

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

15000.00

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)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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NAME OF COMMITTEE (In Full)
E-PAC

Form A: MIKE BOST FOR CONGRESS COMMITTEE. Includes fields for Full Name, Mailing Address, City (MURPHYSBORO), State (IL), Zip Code (62966), Purpose of Disbursement (CONTRIBUTION), Candidate Name (BOST, MIKE), Office Sought (House), Disbursement For (2024), and Amount of Each Disbursement (2000.00).

Form B: NANCY DAHLSTROM FOR ALASKA. Includes fields for Full Name, Mailing Address, City (EAGLE RIVER), State (AK), Zip Code (99577), Purpose of Disbursement (CONTRIBUTION), Candidate Name (DAHLSTROM, NANCY), Office Sought (House), Disbursement For (2024), and Amount of Each Disbursement (5000.00).

Form C: Empty form for another candidate. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, and Amount of Each Disbursement.

SUBTOTAL of Disbursements This Page (optional) 7000.00
TOTAL This Period (last page this line number only) 67000.00