

**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

Alamo PAC

ADDRESS (number and street)

919 Congress Ave

Suite 1400

Austin

TX

78701

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00387464

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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

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  
07 01 2023

through

M M M / D D D / Y Y Y Y Y Y  
12 31 2023

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

Cammack, Kerry, , ,

Signature of Treasurer

Cammack, Kerry, , ,

Date

M M M / D D D / Y Y Y Y Y Y  
01 31 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.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Alamo PAC

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2023

To:

MM / DD / YYYY  
12 / 31 / 2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2023		45697.20
(b) Cash on Hand at Beginning of Reporting Period.....	168862.14	
(c) Total Receipts (from Line 19) .....	495968.68	1074668.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	664830.82	1120365.92
7. Total Disbursements (from Line 31) .....	471968.56	927503.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	192862.26	192862.26
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Alamo PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
07 01 2023

To:

M M / D D / Y Y Y Y Y  
12 31 2023**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).....

86750.00

225100.00

## (ii) Unitemized .....

0.00

0.00

## (iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

86750.00

225100.00

## (b) Political Party Committees .....

0.00

0.00

## (c) Other Political Committees

(such as PACs).....

343754.46

706754.46

## (d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5) .....

430504.46

931854.46

## 12. Transfers From Affiliated/Other

Party Committees.....

65464.22

142814.26

## 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)) .....

495968.68

1074668.72

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

495968.68

1074668.72

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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 .....	405968.56	831503.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	405968.56	831503.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	61000.00	76000.00
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	2500.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	2500.00
29. Other Disbursements (Including Non-Federal Donations).....	5000.00	17500.00
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)) ..	471968.56	927503.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	471968.56	927503.66

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	430504.46	931854.46
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	430504.46	929354.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	405968.56	831503.66
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	405968.56	831503.66

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 153

(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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BASELICE, JONATHAN, , MR.,**

Mailing Address 10810 STANHOPE PLACE

City  
FAIRFAXState  
VAZip Code  
22032-2935FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
U.S. CHAMBER OF COMMERCEOccupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2023

Transaction ID : SA11A.610026

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BURNETT, WALLACE, DAVID, MR.,**

Mailing Address 6218 BERKELEY ROAD

City  
ALEXANDRIAState  
VAZip Code  
22307-1120FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
CAPITOL STRATEGIES PARTNERSOccupation (for Individual)  
GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 07 / 2023

Transaction ID : SA11A.611042

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. COOLEY, M., , MRS.,**

Mailing Address 2651 KIPLING ST, APT 3604

City  
HOUSTONState  
TXZip Code  
77098-2041FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
TELOS RESOURCES, LLCOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2023

Transaction ID : SA11A.611320

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 153

(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			

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)

Alamo PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CRAWFORD, EDWARD , , MR.,**

Mailing Address 7810 KACHINA LANE

City  
BETHESDAState  
MDZip Code  
20817-4500FEC 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 ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2023

Transaction ID : SA11A.611260

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FAISON, OLGA, MCCOY, MRS.,**

Mailing Address 1355 GREENWOOD CLIFFS, STE. 301

City  
CHARLOTTEState  
NCZip Code  
28204-2981FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HOMEMAKER

Occupation (for Individual)

HOMEMAKER

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  
09 / 22 / 2023

Transaction ID : SA11A.610805

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HOWARD, JOHN, MICHAEL, MR.,**

Mailing Address 505 TERRELL ROAD

City  
SAN ANTONIOState  
TXZip Code  
78209-6128FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HOWARD ENERGY PARTNERS

Occupation (for Individual)

CEO

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  
07 / 08 / 2023

Transaction ID : SA11A.609792

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

8000.00

**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 153

(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			

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)

Alamo PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LANE, CAROL, S., MS.,**

Mailing Address 7707 MIDDAY LANE

City  
ALEXANDRIAState  
VAZip Code  
22306-2757FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
X-ENERGY LLCOccupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2023

Transaction ID : SA11A.611043

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LENT, NORMAN, F., MR., III**

Mailing Address 1771 NORTH PIERCE STREET, APT 914

City  
ARLINGTONState  
VAZip Code  
22209-1842FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ARENT FOX LLPOccupation (for Individual)  
COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 22 / 2023

Transaction ID : SA11A.611798

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LOTT, TRENT, , HON.,**Mailing Address 800 NORTH CAPITOL STREET NW  
STE 800City  
WASHINGTONState  
DCZip Code  
20002-4398FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CROSSROADS STRATEGIESOccupation (for Individual)  
PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2023

Transaction ID : SA11A.611041

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

2000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 153

(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			

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)

Alamo PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NORRINGTON, ERIC, C., MR., II**

Mailing Address 5913 DAVENHILL CT

City  
PLANOState  
TXZip Code  
75093-4318FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
POPULUS FINANCIAL GROUPOccupation (for Individual)  
SR. VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 13 / 2023

Transaction ID : SA11A.610673

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SISCO, LEROY, , LT. GEN,**

Mailing Address 11 THUNDER RIDGE

City  
BOERNEState  
TXZip Code  
78006-8136FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MILITARY WARRIORS SUPPORT FOUNDATIONOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 13 / 2023

Transaction ID : SA11A.610667

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WALTON, MICHAEL, K., MR.,**

Mailing Address 21 9TH AVENUE

City  
KIRKLANDState  
WAZip Code  
98033-5407FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PACCAROccupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2023

Transaction ID : SA11A.611030

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

3500.00

**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 153

(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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WINTERS, D.W., , MR.,**

Mailing Address P.O. BOX 1422

City  
DEL RIOState  
TXZip Code  
78841-1422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 13 / 2023

Transaction ID : SA11A.610668

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WOLFF, CANDIDA , PEROTTI, MS.,**

Mailing Address 2105 VIRGINIA AVE

City  
MCLEANState  
VAZip Code  
22101-4942FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOGAN & HARTSON LLPOccupation (for Individual)  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 22 / 2023

Transaction ID : SA11A.610804

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ZIEBART, LORI, , MS.,**Mailing Address 1010 SEMINOLE DRIVE  
#1012City  
FT LAUDERDALEState  
FLZip Code  
33304-3220FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ZIEBART CONSULTING LLCOccupation (for Individual)  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 11 / 2023

Transaction ID : SA11A.612070

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

3500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 153

(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			

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)

Alamo PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WINRED**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC 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 ▼

168356.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2023

Transaction ID : SA11C.609872

Amount of Each Receipt this Period

6000.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. EDATTEL, PAUL, , MR.,**

Mailing Address 3124 HOLMES RUN ROAD

City  
FALLS CHURCHState  
VAZip Code  
22042-4308FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TODD STRATEGY LLCOccupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA11A.609876

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LEHMAN, THEODORE, , MR.,**

Mailing Address 2606 CORLEY ROAD

City  
BALTIMOREState  
MDZip Code  
21207-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TODD STRATEGY GROUPOccupation (for Individual)  
PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA11A.609875

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line 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 12 OF 153

(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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. OLSON, JENNIFER, , MS.,**

Mailing Address 2306 CAMERON MILLS ROAD

City  
ALEXANDRIAState  
VAZip Code  
22302-3730FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TIBER CREEK GROUPOccupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA11A.609874

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. STEPHENS, TYLER, , MR.,**

Mailing Address 1155 F STREET NORTHWEST

City  
WASHINGTONState  
DCZip Code  
20004-1312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FIERCE GOVERNMENT RELATIONSOccupation (for Individual)  
LOBBYIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA11A.609878

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TODD, DAN, , MR.,**

Mailing Address 3919 BENTON STREET NORTHWEST

City  
WASHINGTONState  
DCZip Code  
20007-1782FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TODD STRATEGY GROUPOccupation (for Individual)  
PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA11A.609873

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ►

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

2500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 153  
(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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TODD, DAN, , MR.,**

Mailing Address 3919 BENTON STREET NORTHWEST

City  
WASHINGTONState  
DCZip Code  
20007-1782FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TODD STRATEGY GROUPOccupation (for Individual)  
PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA11A.609877

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WINRED**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC 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 ▼

168356.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2023

Transaction ID : SA11C.609895

Amount of Each Receipt this Period

500.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HIRSCHMANN, SUSAN, , MS.,**

Mailing Address 4875 MAURY LANE

City  
ALEXANDRIAState  
VAZip Code  
22304-1909FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WILLIAMS JENSEN, PLLCOccupation (for Individual)  
GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2023

Transaction ID : SA11A.609896

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

2000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 153  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Alamo PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WINRED**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC 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 ▼

168356.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2023

Transaction ID : SA11C.609901

Amount of Each Receipt this Period

500.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KUNDE, GERALD, R., MR., II**

Mailing Address 6888 MCLEAN PROVINCE CIR

City  
FALLS CHURCHState  
VAZip Code  
22043-1670FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

FERRERO

VP

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 12 / 2023

Transaction ID : SA11A.609902

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WINRED**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC 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 ▼

168356.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 24 / 2023

Transaction ID : SA11C.609969

Amount of Each Receipt this Period

500.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

500.00

TOTAL This Period (last page this line 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 15 OF 153

(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			

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)

Alamo PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RELFE, JULIAN, , MR.,**

Mailing Address 1714 D STREET NORTHEAST

City  
WASHINGTONState  
DCZip Code  
20002-6610FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CIGNAOccupation (for Individual)  
GOVERNMENT AFFAIRS PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 19 / 2023

Transaction ID : SA11A.609970

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WINRED**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC 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 ▼

168356.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2023

Transaction ID : SA11C.610038

Amount of Each Receipt this Period

4000.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ALLEN, JOSEPH, , MR.,**

Mailing Address 4417 GARFIELD STREET NW

City  
WASHINGTONState  
DCZip Code  
20007-1143FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BGSOccupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2023

Transaction ID : SA11A.610041

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ►

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

1500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 153

(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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BURKE, STONEY, , MR.,**

Mailing Address 1010 C ST NE

City  
WASHINGTONState  
DCZip Code  
20002-6208FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
AQUIA GROUPOccupation (for Individual)  
PUBLIC POLICY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2023**Transaction ID : SA11A.610040**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SANDERSON, CLAIRE, , MS.,**

Mailing Address 2218 WINDSOR RD

City  
ALEXANDRIAState  
VAZip Code  
22307-1020FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
TSMCOccupation (for Individual)  
GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2023**Transaction ID : SA11A.610039**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WINRED**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC 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 ▼

168356.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2023**Transaction ID : SA11C.610190**

Amount of Each Receipt this Period

1500.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 153

(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			

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)

Alamo PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ROOSEVELT, THEODORE, , MR., IV**

Mailing Address 1 PIERREPONT STREET

City  
BROOKLYNState  
NYZip Code  
11201-3302FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BARCLAYSOccupation (for Individual)  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2023

Transaction ID : SA11A.610191

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WINRED**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC 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 ▼

168356.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2023

Transaction ID : SA11C.610409

Amount of Each Receipt this Period

2500.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ELENZ, DOUG, R., DR.,**

Mailing Address 900 ELTON LANE

City  
AUSTINState  
TXZip Code  
78703-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AUSTIN SPORTS MEDICINEOccupation (for Individual)  
DOCTOR

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  
08 / 21 / 2023

Transaction ID : SA11A.610410

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ►

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

4000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 153

(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			

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)

Alamo PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WINRED**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC 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 ▼

168356.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2023

Transaction ID : SA11C.610631

Amount of Each Receipt this Period

5000.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BING, ERIC, G., MR.,**

Mailing Address 84 EAST BROAD OAKS DRIVE

City  
HOUSTONState  
TXZip Code  
77056-1226FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

ERIC BING &amp; COMPANY

Occupation (for Individual)

BUSINESS 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  
08 / 29 / 2023

Transaction ID : SA11A.610635

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. INGLET, CRAIG, , MR.,**

Mailing Address 6303 FERN SPRING CV

City  
AUSTINState  
TXZip Code  
78730-2838FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INGLET BLAIR LLC

Occupation (for Individual)

CEO

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2023

Transaction ID : SA11A.610634

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ►

4000.00

TOTAL This Period (last page this line 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 19 OF 153

(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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SHAW, MARK, R., MR.,**

Mailing Address 7345 DOMINIQUE DRIVE

City  
DALLASState  
TXZip Code  
75214-2811FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SOUTHWEST AIRLINESOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2023

Transaction ID : SA11A.610633

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. THOMPSON, RYAN, , MR.,**

Mailing Address 3501 NATIVE DANCER COVE

City  
AUSTINState  
TXZip Code  
78746-1434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AKIN GUMPOccupation (for Individual)  
SR. ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 30 / 2023

Transaction ID : SA11A.610632

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WINRED**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC 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 ▼

168356.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2023

Transaction ID : SA11C.610647

Amount of Each Receipt this Period

8000.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 153

(check only one)

<input checked="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
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. FIELDS, JACK, M., HON., JR.**

Mailing Address 8 DEER RIDGE ESTATES BLVD

City  
KINGWOODState  
TXZip Code  
77339-3503FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TWENTY-FIRST CENTURY GROUPOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 07 / 2023

Transaction ID : SA11A.610648

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HOLLIER, WILLIAM, P., MR.,**

Mailing Address 12707 WESTBROOK DRIVE

City  
FAIRFAXState  
VAZip Code  
22030-8228FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOLLIER & ASSOCIATESOccupation (for Individual)  
GOVERNMENT RELATIONS CONSUL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 07 / 2023

Transaction ID : SA11A.610649

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HULL, KATE, CYNTHIA, MS.,**

Mailing Address 409 JACKSON PLACE

City  
ALEXANDRIAState  
VAZip Code  
22302-3305FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FIERCE GOVERNMENT RELATIONSOccupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 07 / 2023

Transaction ID : SA11A.610651

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ►

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

4000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 153

(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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MABRY, MILAM, D., MR.,**

Mailing Address 4432 CRESTWAY DR

City  
AUSTINState  
TXZip Code  
78731-5122FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MABRY PUBLIC AFFAIRSOccupation (for Individual)  
GOVERNMENT RELATIONS CONSUL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2023

Transaction ID : SA11A.610652

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SMITH, EDGAR, , MR.,**

Mailing Address 14 GREENWAY PLAZA 18M

City  
HOUSTONState  
TXZip Code  
77046-1426FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCCOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 07 / 2023

Transaction ID : SA11A.610650

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WALTER, JEFFERY, , MR.,**

Mailing Address 2213 BELLE HAVEN ROAD

City  
ALEXANDRIAState  
VAZip Code  
22307-1119FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CAPITOL COUNSELOccupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2023

Transaction ID : SA11A.610653

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ►

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

4000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 153

(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			

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)

Alamo PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WINRED**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC 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 ▼

168356.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2023

Transaction ID : SA11C.610731

Amount of Each Receipt this Period

3500.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CAMERON, MICHAEL, P., MR.,**

Mailing Address 219 E MELROSE DR # 1

City  
SAN ANTONIOState  
TXZip Code  
78212-2443FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DEVILS RIVER WHISKEYOccupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2023

Transaction ID : SA11A.610733

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SILBEY, ALEXANDER, , MR.,**

Mailing Address 906 3RD PLACE SE

City  
WASHINGTONState  
DCZip Code  
20003-3487FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ATS COMMUNICATIONS, INC.Occupation (for Individual)  
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  
09 / 13 / 2023

Transaction ID : SA11A.610732

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line 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 23 OF 153

(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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WELCH, WESLEY, RYAN, MR.,**

Mailing Address 5418 ECHOLS AVENUE

City  
ALEXANDRIAState  
VAZip Code  
22311-1343FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
FORBES TATE PARTNERSOccupation (for Individual)  
SR. VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2023**Transaction ID : SA11A.610734**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WINRED**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC 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 ▼

168356.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2023**Transaction ID : SA11C.610807**

Amount of Each Receipt this Period

17000.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ARNOLD, JOHN, D., MR.,**

Mailing Address 2950 LAZY LANE BLVD

City  
HOUSTONState  
TXZip Code  
77019-1302FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (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  
09 / 21 / 2023**Transaction ID : SA11A.610809**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

6500.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 153  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Alamo PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LEHMAN, ROBERT, , MR.,**

Mailing Address 2108 WINDSOR RD

City  
ALEXANDRIAState  
VAZip Code  
22307-1016FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WILMERHALEOccupation (for Individual)  
SENIOR PUBLIC POLICY ADV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 19 / 2023

Transaction ID : SA11A.610812

Amount of Each Receipt this Period

3000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LITTLE, LEWIS, N., MR., JR.**

Mailing Address 3105 BOWMAN AVE

City  
AUSTINState  
TXZip Code  
78703-2253FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COVENANT PHYSICIAN PARTNERSOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 19 / 2023

Transaction ID : SA11A.610813

Amount of Each Receipt this Period

3000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MCDONNELL, CAROLYN, , MS.,**

Mailing Address 1193 STARR WAY

City  
VIRGINIA BEACHState  
VAZip Code  
23454-3054FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MILITARY PRODUCE GROUPOccupation (for Individual)  
PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 21 / 2023

Transaction ID : SA11A.610811

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

7000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 153

(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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. O'NEILL, JOHN, J., MR.,**

Mailing Address 620 6TH STREET NE

City  
WASHINGTONState  
DCZip Code  
20002-5208FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HARBINGER STRATEGIESOccupation (for Individual)  
ATTORNEY

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  
09 / 21 / 2023**Transaction ID : SA11A.610810**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SLEMMOD, JONATHAN, , MR.,**

Mailing Address 214 N FAIRFAX ST

City  
ALEXANDRIAState  
VAZip Code  
22314-2623FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HARBINGER STRATEGIESOccupation (for Individual)  
PARTNER

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  
09 / 21 / 2023**Transaction ID : SA11A.610808**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WINRED**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC 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 ▼

168356.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2023**Transaction ID : SA11C.610978**

Amount of Each Receipt this Period

4000.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

5000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 153

(check only one)

<input checked="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			

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)

Alamo PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DOWNS, RAISSA, H., MS.,**

Mailing Address 630 EAST CAPITOL STREET NE

City  
WASHINGTONState  
DCZip Code  
20003-1233FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

TARPLIN DOWNS YOUNG LLC

Occupation (for Individual)

GOVERNMENT RELATIONS CONSUL

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  
11 / 18 / 2023

Transaction ID : SA11A.612446

Amount of Each Receipt this Period

- 1000.00

☐ Memo Item

CONTRIBUTION

CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DOWNS, RAISSA, H., MS.,**

Mailing Address 630 EAST CAPITOL STREET NE

City  
WASHINGTONState  
DCZip Code  
20003-1233FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

TARPLIN DOWNS YOUNG LLC

Occupation (for Individual)

GOVERNMENT RELATIONS CONSUL

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  
09 / 22 / 2023

Transaction ID : SA11A.610980

Amount of Each Receipt this Period

3000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED; CHARGED BACK  
\$1,000.00 ON 11/18/2023

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SAVARY TAYLOR, MARY BETH, E., MS.,**

Mailing Address 409 MACARTHUR AVE NE

City  
VIENNAState  
VAZip Code  
22180-3563FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

THE NICKLES GROUP

Occupation (for Individual)

HEALTH CARE CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2023

Transaction ID : SA11A.610979

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

3000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 153

(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			

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)

Alamo PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WINRED**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC 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 ▼

168356.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2023

Transaction ID : SA11C.611036

Amount of Each Receipt this Period

6000.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GREEN, JOHNSON, , MR.,**

Mailing Address 432 TURNBERRY COURT

City  
OXFORDState  
MSZip Code  
38655-2571FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CROSSROADS STRATEGIESOccupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 04 / 2023

Transaction ID : SA11A.611038

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ROSSMAN, EMANUEL, M., MR.,**

Mailing Address 8000 GREENWICH WOODS DRIVE

City  
MCLEANState  
VAZip Code  
22102-1332FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HARBINGER STRATEGIESOccupation (for Individual)  
PARTNER

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  
09 / 29 / 2023

Transaction ID : SA11A.611037

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ►

6000.00

TOTAL This Period (last page this line 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 28 OF 153

(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			

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)

Alamo PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WINRED**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC 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 ▼

168356.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2023

Transaction ID : SA11C.611097

Amount of Each Receipt this Period

500.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. JAEGER, CHERYL, , MS.,**

Mailing Address 310 SOUTH SAINT ASAPH STREET

City  
ALEXANDRIAState  
VAZip Code  
22314-3746FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WILLIAMS JENSENOccupation (for Individual)  
PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 11 / 2023

Transaction ID : SA11A.611098

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WINRED**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC 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 ▼

168356.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2023

Transaction ID : SA11C.611252

Amount of Each Receipt this Period

500.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional)..... ►

500.00

TOTAL This Period (last page this line 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 29 OF 153

(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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ALAMEDDIN, SALIM, , MR.,**

Mailing Address 800 NORTH CAPITOL STREET NW, SUITE

City  
WASHINGTONState  
DCZip Code  
20002-4398FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CROSSROADS STRATEGIES LLCOccupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 19 / 2023

Transaction ID : SA11A.611253

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WINRED**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC 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 ▼

168356.25

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2023

Transaction ID : SA11C.611631

Amount of Each Receipt this Period

2500.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LAPINSKI, MATHEW, , MR.,**

Mailing Address 4424 45TH ST NW

City  
WASHINGTONState  
DCZip Code  
20016-2053FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CROSSROADS STRATEGIESOccupation (for Individual)  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 15 / 2023

Transaction ID : SA11A.611632

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ►

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

2000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 153

(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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. VAN PELT, JASON, , MR.,**

Mailing Address 800 N CAPITOL STREET NW, STE 800

City  
WASHINGTONState  
DCZip Code  
20002-4398FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
CROSSROADS STRATEGIESOccupation (for Individual)  
LOBBYIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 15 / 2023**Transaction ID : SA11A.611633**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WINRED**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC 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 ▼

168356.25

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2023**Transaction ID : SA11C.611978**

Amount of Each Receipt this Period

2500.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BABCOCK, ROBERT, , MR.,**

Mailing Address 2113 CREEKSIDE CIRCLE SOUTH

City  
IRVINGState  
TXZip Code  
75063-3389FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
AXADVOCACYOccupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 28 / 2023**Transaction ID : SA11A.611982**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

2000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 153  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Alamo PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. COOPER, ANDREW, , MR.,**

Mailing Address 912 5TH ST NE

City  
WASHINGTONState  
DCZip Code  
20002-3512FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFINERA CORPORATIONOccupation (for Individual)  
GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 29 / 2023

Transaction ID : SA11A.611980

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HOLLAND, LUCAS, , MR.,**

Mailing Address 3116 SOUTH OWASSO AVENUE

City  
TULSAState  
OKZip Code  
74105-2022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE NICKLES GROUPOccupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 27 / 2023

Transaction ID : SA11A.611981

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LILLEY, STEPHANIE, , MS.,**

Mailing Address 5729 POTOMAC AVE., NW

City  
WASHINGTONState  
DCZip Code  
20016-2559FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TELEMEDIA POLICY CORP.Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2023

Transaction ID : SA11A.611979

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ►

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

1500.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 153

(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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WINRED**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC 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 ▼

168356.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2023

Transaction ID : SA11C.612131

Amount of Each Receipt this Period

500.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KIRLIN, EMILY, B., MS.,**

Mailing Address 130 E STREET SE

City  
WASHINGTONState  
DCZip Code  
20003-2613FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
TIBER CREEK GROUPOccupation (for Individual)  
POLICY 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  
12 / 12 / 2023

Transaction ID : SA11A.612132

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WINRED**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC 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 ▼

168356.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 26 / 2023

Transaction ID : SA11C.612213

Amount of Each Receipt this Period

500.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ►

500.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 33 OF 153  
(check only one)

<input checked="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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CLARKE, CARLISLE, , MR.,**

Mailing Address 118 10TH STREET SOUTHEAST

City  
WASHINGTONState  
DCZip Code  
20003-3909FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VAN SCOYOC ASSOCIATESOccupation (for Individual)  
LOBBYIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2023**Transaction ID : SA11A.612214**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WINRED**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC 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 ▼

168356.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2023**Transaction ID : SA11C.612444**

Amount of Each Receipt this Period

0.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. JOHNSON, MATTHEW, L., MR. ,**

Mailing Address 5608 GROVE STREET

City  
CHEVY CHASEState  
MDZip Code  
20815-3421FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KLEIN/JOHNSON GROUPOccupation (for Individual)  
GOVERNMENT RELATIONS CONSUL

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  
12 / 31 / 2023**Transaction ID : SA11A.612447**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

2500.00

86750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 34 OF 153  
(check only one)

<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

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AFLAC POLITICAL ACTION COMMITTEE (AFLAC PAC)**Mailing Address 555 12TH ST NW  
STE 1210City  
WASHINGTONState  
DCZip Code  
20004-1274FEC ID number of contributing  
federal political committee.**C**

C00034157

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 04 / 2023**Transaction ID : SA11C.611500**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. AIR PRODUCTS AND CHEMICALS, INC. POLITICAL ALLIANCE**

Mailing Address 901 K STREET NORTHWEST

City  
WASHINGTONState  
DCZip Code  
20001-4211FEC ID number of contributing  
federal political committee.**C**

C00127258

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 11 / 2023**Transaction ID : SA11C.612068**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ALLIANCE FOR PHARMACY COMPOUNDING PAC (COMP PAC)**Mailing Address 400 W. 15TH STREET  
SUITE 950City  
AUSTINState  
TXZip Code  
78701-1696FEC ID number of contributing  
federal political committee.**C**

C00424143

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 09 / 2023**Transaction ID : SA11C.609821**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

4500.00

**TOTAL** This Period (last page this line 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 35 OF 153

(check only one)

<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

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AMERICAN AIRLINES POLITICAL ACTION COMMITTEE**Mailing Address 1200 17TH STREET NW  
STE 400City  
WASHINGTONState  
DCZip Code  
20036-3012FEC ID number of contributing  
federal political committee.**C**

C00107300

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : SA11C.610024**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. AMERICAN AIRLINES POLITICAL ACTION COMMITTEE**Mailing Address 1200 17TH STREET NW  
STE 400City  
WASHINGTONState  
DCZip Code  
20036-3012FEC ID number of contributing  
federal political committee.**C**

C00107300

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 22 / 2023**Transaction ID : SA11C.611795**

Amount of Each Receipt this Period

4000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. AMERICAN BANKERS ASSOCIATION BANCAPAC**Mailing Address 1120 CONNECTICUT AVE NW  
SUITE 600City  
WASHINGTONState  
DCZip Code  
20036-3971FEC ID number of contributing  
federal political committee.**C**

C00004275

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 13 / 2023**Transaction ID : SA11C.610671**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

10000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 36 OF 153  
(check only one)

<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
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AMERICAN DENTAL ASSOCIATION PAC**Mailing Address 1111 14TH ST NW  
SUITE 1200City  
WASHINGTONState  
DCZip Code  
20005-5627FEC ID number of contributing  
federal political committee.**C** C00000729

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023**Transaction ID : SA11C.612303**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. AMERICAN EXPRESS POLITICAL ACTION COMMITTEE (AXPPAC)**Mailing Address 801 PENNSYLVANIA AVENUE NW  
SUITE 650City  
WASHINGTONState  
DCZip Code  
20004-2673FEC ID number of contributing  
federal political committee.**C** C00040535

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 09 / 2023**Transaction ID : SA11C.609815**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. AMERICAN FINANCIAL SERVICES ASSOCIATION PAC**Mailing Address 919 18TH ST NW  
SUITE 300City  
WASHINGTONState  
DCZip Code  
20006-5531FEC ID number of contributing  
federal political committee.**C** C00038604

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 03 / 2023**Transaction ID : SA11C.611952**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

8500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 37 OF 153  
(check only one)

<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
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AMERICAN FROZEN FOOD INSTITUTE POLITICAL ACTION COMMITTEE (F**

Mailing Address 161 WAYLAND'S MILL ROAD

City  
CULPEPERState  
VAZip Code  
22701-9532FEC ID number of contributing  
federal political committee.**C**

C00385740

Name of Employer (for Individual)

Occupation (for Individual)

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
12	/	03	/	2023

**Transaction ID : SA11C.611956**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1201 L STREET NW

City  
WASHINGTONState  
DCZip Code  
20005-4024FEC ID number of contributing  
federal political committee.**C**

C00006080

Name of Employer (for Individual)

Occupation (for Individual)

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
07	/	09	/	2023

**Transaction ID : SA11C.609814**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. AMERICAN HOTEL AND LODGING ASSOCIATION POLITICAL ACTION COMM**

Mailing Address 1250 I STREET, NW #1100

City  
WASHINGTONState  
DCZip Code  
20005-5904FEC ID number of contributing  
federal political committee.**C**

C00001198

Name of Employer (for Individual)

Occupation (for Individual)

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
12	/	11	/	2023

**Transaction ID : SA11C.612067**

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 PageFOR LINE NUMBER: PAGE 38 OF 153  
(check only one)

<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

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS POLITICAL**Mailing Address 1455 PENNSYLVANIA AVENUE NORTHWEST  
10TH FLOORCity  
WASHINGTONState  
DCZip Code  
20004-1020FEC ID number of contributing  
federal political committee.**C** C00077321

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 03 / 2023**Transaction ID : SA11C.611955**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. AMERICAN LAND TITLE ASSOCIATION TITLE INDUSTRY PAC (TIPAC)**Mailing Address 1800 M ST, NW  
SUITE 300SCity  
WASHINGTONState  
DCZip Code  
20036-5830FEC ID number of contributing  
federal political committee.**C** C00012914

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 11 / 2023**Transaction ID : SA11C.612066**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. AMERICAN SENIORS HOUSING ASSOCIATION (SENIORS HOUSING PAC)**Mailing Address 5225 WISCONSIN AVE., NW  
SUITE 500City  
WASHINGTONState  
DCZip Code  
20015-2034FEC ID number of contributing  
federal political committee.**C** C00325332

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 22 / 2023**Transaction ID : SA11C.611797**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

6500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 39 OF 153  
(check only one)

<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

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ANIMAL WELLNESS ACTION PAC**Mailing Address 611 PENNSYLVANIA AVE., SE  
#136City  
WASHINGTONState  
DCZip Code  
20003-4303FEC ID number of contributing  
federal political committee.**C** C00679860

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2023**Transaction ID : SA11C.611262**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ASSOCIATED GENERAL CONTRACTORS OF AMERICA PAC**Mailing Address 2300 WILSON BOULEVARD  
SUITE 400City  
ARLINGTONState  
VAZip Code  
22201-5424FEC ID number of contributing  
federal political committee.**C** C00082917

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2023**Transaction ID : SA11C.612389**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ASSOCIATION OF AMERICAN RAILROADS POLITICAL ACTION COMMITTEE**Mailing Address 425 3RD STREET SW  
SUITE 1000City  
WASHINGTONState  
DCZip Code  
20024-3228FEC ID number of contributing  
federal political committee.**C** C00280743

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 23 / 2023**Transaction ID : SA11C.610346**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

4500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 40 OF 153  
(check only one)

<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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ASTELLAS PHARMA US LLC PAC**Mailing Address 1333 H STREET NW  
SUITE 1200WCity  
WASHINGTONState  
DCZip Code  
20005-4758FEC ID number of contributing  
federal political committee.**C** C00444885

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2023**Transaction ID : SA11C.611026**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. AUTOMOTIVE FREE INTERNATIONAL TRADE PAC**Mailing Address 1625 PRINCE ST  
SUITE 225City  
ALEXANDRIAState  
VAZip Code  
22314-2889FEC ID number of contributing  
federal political committee.**C** C00250399

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 05 / 2023**Transaction ID : SA11C.610629**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BIOTECHNOLOGY INNOVATION ORGANIZATION PAC**Mailing Address 1201 MARYLAND AVENUE SW  
SUITE 900City  
WASHINGTONState  
DCZip Code  
20024-2282FEC ID number of contributing  
federal political committee.**C** C00355677

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 09 / 2023**Transaction ID : SA11C.611606**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

7000.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 41 OF 153  
(check only one)

<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

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC**

Mailing Address 1310 G STREET NW

City  
WASHINGTONState  
DCZip Code  
20005-3000FEC ID number of contributing  
federal political committee.**C** C00194746

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2023**Transaction ID : SA11C.611022**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BOEHRINGER INGELHEIM USA CORP. POLITICAL ACTION COMMITTEE**

Mailing Address 900 RIDGEBURY RD STE 315

City  
RIDGEFIELDState  
CTZip Code  
06877-1058FEC ID number of contributing  
federal political committee.**C** C00420398

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2023**Transaction ID : SA11C.611046**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BOSTON SCIENTIFIC CORP PAC**Mailing Address 1455 PENNSYLVANIA AVE, NW  
SUITE 925City  
WASHINGTONState  
DCZip Code  
20004-1021FEC ID number of contributing  
federal political committee.**C** C00357863

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 M / D D D / Y Y Y Y Y Y  
10 / 16 / 2023**Transaction ID : SA11C.611101**

Amount of Each Receipt this Period

3000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

5500.00

**TOTAL** This Period (last page this line 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 42 OF 153

(check only one)

<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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BRINKER INTERNATIONAL INC. POLITICAL ACTION COMMITTEE**

Mailing Address 6820 LBJ FWY, STE 200

City  
DALLASState  
TXZip Code  
75240-6580FEC ID number of contributing  
federal political committee.**C** C00241851

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 04 / 2023**Transaction ID : SA11C.611502**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BRISTOL MEYERS SQUIBB COMPANY EMPLOYEE PAC**Mailing Address 801 PENNSYLVANIA AVE, NW  
SUITE 125City  
WASHINGTONState  
DCZip Code  
20004-2615FEC ID number of contributing  
federal political committee.**C** C00035675

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 23 / 2023**Transaction ID : SA11C.610343**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CENCORA, INC. PAC**

Mailing Address 1 WEST FIRST AVENUE

City  
CONSHOHOCKENState  
PAZip Code  
19428-1800FEC ID number of contributing  
federal political committee.**C** C00400929

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023**Transaction ID : SA11C.612209**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

10000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 43 OF 153  
(check only one)

<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

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CHS, INC. PAC**

Mailing Address 5500 CENEX DR.

City  
INVER GROVEState  
MNZip Code  
55077-1721FEC ID number of contributing  
federal political committee.**C**

C00149104

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2023**Transaction ID : SA11C.612450**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CME GROUP, INC. PAC (CME/CBOT PAC)**Mailing Address 325 7TH STREET NW  
SUITE 310City  
WASHINGTONState  
DCZip Code  
20004-2818FEC ID number of contributing  
federal political committee.**C**

C00076299

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2023**Transaction ID : SA11C.610674**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. COHERUS BIOSCIENCES POLITICAL ACTION COMMITTEE**Mailing Address 112 SOUTH UNION STREET  
SUITE 210City  
ALEXANDRIAState  
VAZip Code  
22314-3324FEC ID number of contributing  
federal political committee.**C**

C00789370

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 27 / 2023**Transaction ID : SA11C.610869**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

7000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 44 OF 153  
(check only one)

<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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. COMCAST & NBCUNIVERSAL PAC**Mailing Address 300 NEW JERSEY AVENUE NW  
SUITE 700City  
WASHINGTONState  
DCZip Code  
20001-2266FEC ID number of contributing  
federal political committee.**C** C00248716

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : SA11C.610025**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. COMMERCIAL METALS COMPANY PAC (CMC PAC)**

Mailing Address 6565 N MACARTHUR BLVD STE 800

City  
IRVINGState  
TXZip Code  
75039-6283FEC ID number of contributing  
federal political committee.**C** C00525071

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 09 / 2023**Transaction ID : SA11C.609818**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CSX CORPORATION GOOD GOVERNMENT FUND**Mailing Address 1331 PENNSYLVANIA AVENUE NW  
SUITE 560 SCity  
WASHINGTONState  
DCZip Code  
20004-1745FEC ID number of contributing  
federal political committee.**C** C00163832

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 25 / 2023**Transaction ID : SA11C.610770**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

15000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 45 OF 153  
(check only one)

<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

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION**Mailing Address 99 M STREET SE  
SUITE 300City  
WASHINGTONState  
DCZip Code  
20003-3957FEC ID number of contributing  
federal political committee.**C**

C00007880

Name of Employer (for Individual)

Occupation (for Individual)

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
12		31		2023

**Transaction ID : SA11C.612390**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CVS HEALTH PAC**Mailing Address 1275 PENNSYLVANIA AVENUE NW  
SUITE 700City  
WASHINGTONState  
DCZip Code  
20004-2448FEC ID number of contributing  
federal political committee.**C**

C00384818

Name of Employer (for Individual)

Occupation (for Individual)

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
08		04		2023

**Transaction ID : SA11C.610185**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DAVITA, INC. PAC**

Mailing Address 32275 32ND AVENUE SOUTH

City  
FEDERAL WAYState  
WAZip Code  
98001-9616FEC ID number of contributing  
federal political committee.**C**

C00340943

Name of Employer (for Individual)

Occupation (for Individual)

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
12		31		2023

**Transaction ID : SA11C.612394**

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 PageFOR LINE NUMBER: PAGE 46 OF 153  
(check only one)

<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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DELOITTE POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 365

City  
WASHINGTONState  
DCZip Code  
20044-0365FEC ID number of contributing  
federal political committee.**C**

C00211318

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 20 / 2023**Transaction ID : SA11C.609950**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DELOITTE POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 365

City  
WASHINGTONState  
DCZip Code  
20044-0365FEC ID number of contributing  
federal political committee.**C**

C00211318

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 21 / 2023**Transaction ID : SA11C.611777**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DELTA AIR LINES PAC**Mailing Address 1212 NEW YORK AVENUE, NW  
SUITE 200City  
WASHINGTONState  
DCZip Code  
20005-6609FEC ID number of contributing  
federal political committee.**C**

C00104802

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2023**Transaction ID : SA11C.612388**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

10000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 47 OF 153  
(check only one)

<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
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DISTILLED SPIRITS COUNCIL OF THE UNITED STATES INC POLITICAL**

Mailing Address 1250 EYE ST NW STE 400

City  
WASHINGTONState  
DCZip Code  
20005-5977FEC ID number of contributing  
federal political committee.**C** C00030734

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

754.46

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2023**Transaction ID : SA11C.612180**

Amount of Each Receipt this Period

754.46

☐ Memo Item

CONTRIBUTION

IN KIND FOOD AND BEVERAGE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DYKEMA GOSSETT FEDERAL PAC**Mailing Address 1301 K STREET NW  
SUITE 1100 WESTCity  
WASHINGTONState  
DCZip Code  
20005-3317FEC ID number of contributing  
federal political committee.**C** C00342113

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023**Transaction ID : SA11C.612210**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. EBAY INC-COMMITTEE FOR RESPONSIBLE INTERNET COMMERCE**Mailing Address 1250 I ST NW  
STE 1003City  
WASHINGTONState  
DCZip Code  
20005-3939FEC ID number of contributing  
federal political committee.**C** C00342394

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 22 / 2023**Transaction ID : SA11C.611794**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

4254.46

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 48 OF 153  
(check only one)

<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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ELEVANCE HEALTH, INC. POLITICAL ACTION COMMITTEE (ELEVANCE H**Mailing Address 1001 PENNSYLVANIA AVENUE, NW  
SUITE 710City  
WASHINGTONState  
DCZip Code  
20004-2513FEC ID number of contributing  
federal political committee.**C**

C00197228

Name of Employer (for Individual)

Occupation (for Individual)

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
08		26		2023

**Transaction ID : SA11C.610403**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC**

Mailing Address 2980 FAIRVIEW PARK DRIVE

City

FALLS CHURCH

State

VA

Zip Code

22042-4511

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

C00088591

Name of Employer (for Individual)

Occupation (for Individual)

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
10		07		2023

**Transaction ID : SA11C.611047**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. EMPLOYEES OF RAYTHEON TECHNOLOGIES CORPORATION PAC**Mailing Address 1000 WILSON BOULEVARD  
23RD FLOOR

City

ARLINGTON

State

VA

Zip Code

22209-3927

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

C00097568

Name of Employer (for Individual)

Occupation (for Individual)

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
11		06		2023

**Transaction ID : SA11C.611496**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

8500.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 49 OF 153  
(check only one)

<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

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. EMPLOYEES OF RAYTHEON TECHNOLOGIES CORPORATION PAC**Mailing Address 1000 WILSON BOULEVARD  
23RD FLOORCity  
ARLINGTONState  
VAZip Code  
22209-3927FEC ID number of contributing  
federal political committee.**C** C00097568

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2023**Transaction ID : SA11C.612395**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ENTERPRISE PRODUCTS PARTNERS, L.P. PAC**

Mailing Address 1100 LOUISIANA ST

City  
HOUSTONState  
TXZip Code  
77002-5227FEC ID number of contributing  
federal political committee.**C** C00496752

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 26 / 2023**Transaction ID : SA11C.612215**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FEDEX CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 101 CONSTITUTION AVENUE NORTHWEST

City  
WASHINGTONState  
DCZip Code  
20001-FEC ID number of contributing  
federal political committee.**C** C00068692

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 05 / 2023**Transaction ID : SA11C.610630**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

8000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 50 OF 153  
(check only one)

<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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. FEDEX CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 101 CONSTITUTION AVENUE NORTHWEST

City  
WASHINGTONState  
DCZip Code  
20001-FEC ID number of contributing  
federal political committee.**C** C00068692

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023**Transaction ID : SA11C.612208**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GENENTECH INC. POLITICAL ACTION COMMITTEE (GENENPAC)**Mailing Address 1 DNA WAY  
SUITE 300

City

SOUTH SAN FRANCISCO

State  
CAZip Code  
94080-4918FEC ID number of contributing  
federal political committee.**C** C00199257

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 23 / 2023**Transaction ID : SA11C.610344**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GENERAL ELECTRIC PAC (GEPAC)**Mailing Address 1299 PENNSYLVANIA AVE, NW  
SUITE 900

City

WASHINGTON

State  
DCZip Code  
20004-2400FEC ID number of contributing  
federal political committee.**C** C00024869

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  
09 / 30 / 2023**Transaction ID : SA11C.611023**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

9500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 51 OF 153  
(check only one)

<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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GOOGLE NETPAC**Mailing Address 25 MASSACHUSETTS AVENUE NW  
9TH FLOORCity  
WASHINGTONState  
DCZip Code  
20001-1430FEC ID number of contributing  
federal political committee.**C** C00428623

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2023**Transaction ID : SA11C.611049**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GRIDIRON-PAC**

Mailing Address 345 PARK AVENUE

City  
NEW YORKState  
NYZip Code  
10154-0004FEC ID number of contributing  
federal political committee.**C** C00451153

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2023**Transaction ID : SA11C.612387**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GULF STATES TOYOTA INC FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address 1375 ENCLAVE PKWY

City  
HOUSTONState  
TXZip Code  
77077-2026FEC ID number of contributing  
federal political committee.**C** C00349373

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2023**Transaction ID : SA11C.611100**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

7000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 52 OF 153  
(check only one)

<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

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. H&R BLOCK INC. PAC (BLOCKPAC)**Mailing Address 1401 EYE STREET NW  
SUITE 240City  
WASHINGTONState  
DCZip Code  
20005-FEC ID number of contributing  
federal political committee.**C**

C00188177

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2023

**Transaction ID : SA11C.611015**

Amount of Each Receipt this Period

1000.00

☐

Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HEALTH CARE SERVICE CORP. EMPLOYEES' PAC**

Mailing Address 300 EAST RANDOLPH STREET

City  
CHICAGOState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.**C**

C00199711

Name of Employer (for Individual)

Occupation (for Individual)

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
12		31		2023

**Transaction ID : SA11C.612393**

Amount of Each Receipt this Period

2500.00

☐

Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HEWLETT PACKARD ENTERPRISE COMPANY PAC**Mailing Address 709 G STREET NW  
SUITE 300City  
WASHINGTONState  
DCZip Code  
20001-3770FEC ID number of contributing  
federal political committee.**C**

C00196725

Name of Employer (for Individual)

Occupation (for Individual)

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
12		21		2023

**Transaction ID : SA11C.612202**

Amount of Each Receipt this Period

5000.00

☐

Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

8500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 53 OF 153  
(check only one)

<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
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HONEYWELL INTERNATIONAL PAC**Mailing Address 101 CONSTITUTION AVENUE NW  
SUITE 500 WESTCity  
WASHINGTONState  
DCZip Code  
20001-2133FEC ID number of contributing  
federal political committee.**C**

C00096156

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 12 / 2023

Transaction ID : SA11C.609889

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HONEYWELL INTERNATIONAL PAC**Mailing Address 101 CONSTITUTION AVENUE NW  
SUITE 500 WESTCity  
WASHINGTONState  
DCZip Code  
20001-2133FEC ID number of contributing  
federal political committee.**C**

C00096156

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2023

Transaction ID : SA11C.611497

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. IHEARTMEDIA INC. PAC**Mailing Address 419 7TH STREET NW  
SUITE 500City  
WASHINGTONState  
DCZip Code  
20004-2296FEC ID number of contributing  
federal political committee.**C**

C00279216

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2023

Transaction ID : SA11C.610188

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

7500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 54 OF 153  
(check only one)

<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
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. INDEPENDENT BANKERS ASSOCIATION OF TEXAS FEDERAL PAC (IBAT F**

Mailing Address 1700 RIO GRANDE ST., STE. 100

City  
AUSTINState  
TXZip Code  
78701-1683FEC ID number of contributing  
federal political committee.**C**

C00332841

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2023**Transaction ID : SA11C.610794**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. PAC**Mailing Address 20 F STREET NORTHWEST  
SUITE 610City  
WASHINGTONState  
DCZip Code  
20001-6707FEC ID number of contributing  
federal political committee.**C**

C00022343

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 01 / 2023**Transaction ID : SA11C.611386**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. INTEL CORPORATION POLITICAL ACTION COMMITTEE (IPAC)**Mailing Address 1155 F ST. NW  
STE. 1025City  
WASHINGTONState  
DCZip Code  
20004-1342FEC ID number of contributing  
federal political committee.**C**

C00125641

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 22 / 2023**Transaction ID : SA11C.610802**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

8500.00

**TOTAL** This Period (last page this line 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 55 OF 153

(check only one)

<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

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. JOHNSON & JOHNSON POLITICAL ACTION COMMITTEE**Mailing Address 1350 I ST NW  
SUITE 1210City  
WASHINGTONState  
DCZip Code  
20005-3305FEC ID number of contributing  
federal political committee.**C** C00010983

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2023**Transaction ID : SA11C.611027**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KIRBY CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 55 WAUGH DR STE 1000

City  
HOUSTONState  
TXZip Code  
77007-5834FEC ID number of contributing  
federal political committee.**C** C00250027

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 07 / 2023**Transaction ID : SA11C.611040**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MCGUIREWOODS FEDERAL PAC**Mailing Address 2001 K STREET NORTHWEST  
SUITE 400City  
WASHINGTONState  
DCZip Code  
20006-1040FEC ID number of contributing  
federal political committee.**C** C00225342

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 03 / 2023**Transaction ID : SA11C.611951**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

11000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 56 OF 153  
(check only one)

<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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MCKESSON CORPORATION EMPLOYEES POLITICAL FUND**Mailing Address 505 9TH STREET NW  
SUITE 901City  
WASHINGTONState  
DCZip Code  
20004-2173FEC ID number of contributing  
federal political committee.**C** C00108035

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 09 / 2023**Transaction ID : SA11C.609817**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MORTGAGE BANKERS ASSOCIATION POLITICAL ACTION CO**Mailing Address 1919 M STREET NW  
5TH FLOORCity  
WASHINGTONState  
DCZip Code  
20036-3572FEC ID number of contributing  
federal political committee.**C** C00004812

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023**Transaction ID : SA11C.612304**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NASCOE PAC**

Mailing Address 800 NORTH CAPITOL STREET NORTHWEST

City  
WASHINGTONState  
DCZip Code  
20002-4244FEC ID number of contributing  
federal political committee.**C** C00413567

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 07 / 2023**Transaction ID : SA11C.611044**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

11000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 57 OF 153  
(check only one)

<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
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS, INC.**Mailing Address 1875 I STREET, NW  
SUITE 500City  
WASHINGTONState  
DCZip Code  
20006-5425FEC ID number of contributing  
federal political committee.**C**

C00303339

Name of Employer (for Individual)

Occupation (for Individual)

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
07		12		2023

**Transaction ID : SA11C.609890**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES PAC**Mailing Address 20 F STREET NORTHWEST  
SUITE 510City  
WASHINGTONState  
DCZip Code  
20001-6703FEC ID number of contributing  
federal political committee.**C**

C00170258

Name of Employer (for Individual)

Occupation (for Individual)

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
10		23		2023

**Transaction ID : SA11C.611265**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS, INC.**Mailing Address 1875 I STREET, NW  
SUITE 500City  
WASHINGTONState  
DCZip Code  
20006-5425FEC ID number of contributing  
federal political committee.**C**

C00303339

Name of Employer (for Individual)

Occupation (for Individual)

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
12		23		2023

**Transaction ID : SA11C.612212**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

7500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 58 OF 153  
(check only one)

<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			

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)

Alamo PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMI**Mailing Address 1101 KING STREET  
SUITE 600City  
ALEXANDRIAState  
VAZip Code  
22314-2965FEC ID number of contributing  
federal political committee.

C C00144766

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 03 / 2023

Transaction ID : SA11C.611954

Amount of Each Receipt this Period

4000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. NATIONAL ROOFING CONTRACTORS ASSOCIATION ROOF PAC**

Mailing Address 324 FOURTH STREET NE

City  
WASHINGTONState  
DCZip Code  
20002-5824FEC ID number of contributing  
federal political committee.

C C00244863

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2023

Transaction ID : SA11C.611263

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NATIONAL ROOFING CONTRACTORS ASSOCIATION ROOF PAC**

Mailing Address 324 FOURTH STREET NE

City  
WASHINGTONState  
DCZip Code  
20002-5824FEC ID number of contributing  
federal political committee.

C C00244863

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 03 / 2023

Transaction ID : SA11C.611953

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

6500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 153

(check only one)

<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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NATIONAL SHOOTING SPORTS FOUNDATION, INC. POLITICAL ACTION C**Mailing Address 400 N. CAPITOL STREET NW  
SUITE 475City  
WASHINGTONState  
DCZip Code  
20001-1593FEC 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

M M M / D D D / Y Y Y Y Y Y  
09 / 21 / 2023**Transaction ID : SA11C.610796**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. NATIONAL TURKEY FEDERATION POLITICAL ACTION COMMITTEE/TURPAC**Mailing Address 1225 NEW YORK AVE NW  
STE 400City  
WASHINGTONState  
DCZip Code  
20005-6404FEC ID number of contributing  
federal political committee.**C** C00076182

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 M / D D D / Y Y Y Y Y Y  
09 / 21 / 2023**Transaction ID : SA11C.610797**

Amount of Each Receipt this Period

3000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NCTA - THE INTERNET AND TELEVISION ASSOCIATION PAC**Mailing Address 25 MASSACHUSETTS AVENUE NW  
#100City  
WASHINGTONState  
DCZip Code  
20001-1434FEC ID number of contributing  
federal political committee.**C** C00010082

Name of Employer (for Individual)

Occupation (for Individual)

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  
08 / 24 / 2023**Transaction ID : SA11C.610345**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

13000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 60 OF 153  
(check only one)

<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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NEXTERA ENERGY PAC**Mailing Address 801 PENNSYLVANIA AVE, NW  
SUITE 220City  
WASHINGTONState  
DCZip Code  
20004-2679FEC ID number of contributing  
federal political committee.**C** C00064774

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2023**Transaction ID : SA11C.610285**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND**Mailing Address ONE CONSTITUTION AVENUE NE  
SUITE 300City  
WASHINGTONState  
DCZip Code  
20002-5618FEC ID number of contributing  
federal political committee.**C** C00009282

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : SA11C.610187**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NOVARTIS CORPORATION POLITICAL ACTION COMMITTEE**Mailing Address 801 PENNSYLVANIA AVENUE NW  
SUITE 700City  
WASHINGTONState  
DCZip Code  
20004-2723FEC ID number of contributing  
federal political committee.**C** C00033969

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 09 / 2023**Transaction ID : SA11C.609816**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

7000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 61 OF 153  
(check only one)

<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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. OFFICE OF THE COMMISSIONER OF MAJOR LEAGUE BASEBALL POLITICA**Mailing Address 1201 15TH STREET NW  
SUITE 320City  
WASHINGTONState  
DCZip Code  
20005-2899FEC ID number of contributing  
federal political committee.**C**

C00368142

Name of Employer (for Individual)

Occupation (for Individual)

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  
09 / 30 / 2023**Transaction ID : SA11C.611029**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. OTSUKA AMERICA PHARMACEUTICAL INC. POLITICAL ACTION COMMITTEE**

Mailing Address 200 MASSACHUSETTS AVENUE NW

City  
WASHINGTONState  
DCZip Code  
20001-1429FEC ID number of contributing  
federal political committee.**C**

C00553834

Name of Employer (for Individual)

Occupation (for Individual)

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  
09 / 30 / 2023**Transaction ID : SA11C.611024**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PAM HEALTH POLITICAL ACTION COMMITTEE**Mailing Address 1828 GOOD HOPE ROAD  
SUITE 102City  
ENOLAState  
PAZip Code  
17025-1203FEC ID number of contributing  
federal political committee.**C**

C00796862

Name of Employer (for Individual)

Occupation (for Individual)

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  
11 / 28 / 2023**Transaction ID : SA11C.611802**

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: PAGE 62 OF 153

(check only one)

<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

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PEOPLE PAC**

Mailing Address P.O. BOX 1518

City  
BELLEVUEState  
WAZip Code  
98009-1518FEC ID number of contributing  
federal political committee.**C**

C00691980

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 22 / 2023**Transaction ID : SA11C.610801**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PFIZER INC. PAC**Mailing Address 1275 PENNSYLVANIA AVENUE NW  
SUITE 600City  
WASHINGTONState  
DCZip Code  
20004-2444FEC ID number of contributing  
federal political committee.**C**

C00016683

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : SA11C.610184**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PG&E CORPORATION EMPLOYEES ENERGYPAC**

Mailing Address 900 7TH STREET NORTHWEST, SUITE 95

City  
WASHINGTONState  
DCZip Code  
20001-3888FEC ID number of contributing  
federal political committee.**C**

C00177469

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 22 / 2023**Transaction ID : SA11C.611793**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

5500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 63 OF 153  
(check only one)

<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

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PHARMACEUTICAL RESEARCH & MANUFACTURERS OF AMERICA BETTER GO**Mailing Address 950 F STREET NW  
SUITE 300City  
WASHINGTONState  
DCZip Code  
20004-1440FEC ID number of contributing  
federal political committee.**C**

C00021972

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : SA11C.610189**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PIONEER NATURAL RESOURCES USA, INC. FEDERAL POLITICAL ACTION**

Mailing Address 777 HIDDEN RIDGE

City  
IRVINGState  
TXZip Code  
75038-3802FEC ID number of contributing  
federal political committee.**C**

C00420950

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2023**Transaction ID : SA11C.610795**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PLAINS ALL AMERICAN GP LLC PAC**

Mailing Address 333 CLAY ST, STE 1900

City  
HOUSTONState  
TXZip Code  
77002-2568FEC ID number of contributing  
federal political committee.**C**

C00686287

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2023**Transaction ID : SA11C.612392**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

11000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 64 OF 153  
(check only one)

<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

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PLAINS COTTON GROWERS PAC**

Mailing Address 8303 ABERDEEN AVE

City  
LUBBOCKState  
TXZip Code  
79424-3453FEC ID number of contributing  
federal political committee.**C** C00599084

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 13 / 2023**Transaction ID : SA11C.610672**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. POPULUS FINANCIAL GROUP, INC. PAC**

Mailing Address 300 E JOHN CARPENTER FWY STE 900

City  
IRVINGState  
TXZip Code  
75062-2789FEC ID number of contributing  
federal political committee.**C** C00392290

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 13 / 2023**Transaction ID : SA11C.610670**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PRUDENTIAL FINANCIAL INC. POLITICAL ACTION COMMITTEE**Mailing Address 575 7TH STREET NW  
SUITE 350City  
WASHINGTONState  
DCZip Code  
20004-1624FEC ID number of contributing  
federal political committee.**C** C00127779

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2023**Transaction ID : SA11C.612391**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

10000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 65 OF 153  
(check only one)

<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

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RELX INC. POLITICAL ACTION COMMITTEE**Mailing Address 1150 18TH STREET NW  
#600City  
WASHINGTONState  
DCZip Code  
20036-3843FEC ID number of contributing  
federal political committee.**C** C00345793

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 03 / 2023**Transaction ID : SA11C.611957**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SANOFI US SERVICES INC. EMPLOYEES' PAC**

Mailing Address 55 CORPORATE DRIVE

City  
BRIDGEWATERState  
NJZip Code  
08807-1265FEC ID number of contributing  
federal political committee.**C** C00144345

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 07 / 2023**Transaction ID : SA11C.611048**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SANTANDER HOLDINGS USA INC. PAC (SANTANDER US PAC)**

Mailing Address 1130 BERKSHIRE BLVD

City  
WYOMISSINGState  
PAZip Code  
19610-1242FEC ID number of contributing  
federal political committee.**C** C00327072

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2023**Transaction ID : SA11C.611495**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

6000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 66 OF 153  
(check only one)

<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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SEMPRA ENERGY PAC**Mailing Address 1399 NEW YORK AVENUE NW  
SUITE 350City  
WASHINGTONState  
DCZip Code  
20005-4733FEC ID number of contributing  
federal political committee.**C** C00008748

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 22 / 2023**Transaction ID : SA11C.611796**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SOUTHERN COMPANY EMPLOYEES PAC**Mailing Address 601 PENNSYLVANIA AVENUE NW  
SUITE 800SCity  
WASHINGTONState  
DCZip Code  
20004-2635FEC ID number of contributing  
federal political committee.**C** C00144774

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 22 / 2023**Transaction ID : SA11C.611792**

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SOUTHWEST AIRLINES PILOTS' ASSOCIATION PAC**

Mailing Address 1450 EMPIRE CENTRAL DR, STE 737

City  
DALLASState  
TXZip Code  
75247-4081FEC ID number of contributing  
federal political committee.**C** C00360669

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 13 / 2023**Transaction ID : SA11C.610669**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 67 OF 153  
(check only one)

<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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SPACE EXPLORATION TECHNOLOGIES CORP PAC**Mailing Address 1030 15TH STREET NW  
SUITE 220ECity  
WASHINGTONState  
DCZip Code  
20005-1540FEC ID number of contributing  
federal political committee.**C**

C00411116

Name of Employer (for Individual)

Occupation (for Individual)

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
09		30		2023

**Transaction ID : SA11C.611025**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. T-MOBILE US, INC. POLITICAL ACTION COMMITTEE (T-PAC)**Mailing Address 601 PENNSYLVANIA AVENUE NW  
SUITE 800 NORTH BLDG.City  
WASHINGTONState  
DCZip Code  
20004-2710FEC ID number of contributing  
federal political committee.**C**

C00361758

Name of Employer (for Individual)

Occupation (for Individual)

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
07		09		2023

**Transaction ID : SA11C.609819**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TARGA RESOURCES CORP. FEDERAL PAC**

Mailing Address 1000 LOUISIANA ST SUITE 4300

City  
HOUSTONState  
TXZip Code  
77002-5036FEC ID number of contributing  
federal political committee.**C**

C00510016

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 M	/	D D D	/	Y Y Y Y Y Y
10		07		2023

**Transaction ID : SA11C.611039**

Amount of Each Receipt this Period

3000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

8000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 68 OF 153  
(check only one)

<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			

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)

Alamo PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TARGET CORPORATION CITIZENS POLITICAL FORUM (TARGETCITIZENS**Mailing Address 1155 F STREET NW  
SUITE 925City  
WASHINGTONState  
DCZip Code  
20004-1353FEC ID number of contributing  
federal political committee.

C

C00098061

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023

Transaction ID : SA11C.610186

Amount of Each Receipt this Period

4500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. TECHNOLOGY NETWORK (TECHNET) FEDERAL POLITICAL ACTION COMMIT**Mailing Address 1420 NEW YORK AVENUE NW  
SUITE 825City  
WASHINGTONState  
DCZip Code  
20005-2371FEC ID number of contributing  
federal political committee.

C

C00328369

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2023

Transaction ID : SA11C.611045

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. THE ALBERTSONS COMPANIES, INC. POLITICAL ACTION COMMITTEE (A**

Mailing Address 250 E PARKCENTER BLVD.

City  
BOISEState  
IDZip Code  
83706-3940FEC ID number of contributing  
federal political committee.

C

C00194084

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2023

Transaction ID : SA11C.611264

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

7000.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 69 OF 153  
(check only one)

<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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TRACTOR SUPPLY COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 5401 VIRGINIA WAY

City  
BRENTWOODState  
TNZip Code  
37027-7536FEC ID number of contributing  
federal political committee.**C** C00763664

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2023**Transaction ID : SA11C.611028**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. TRELLIX PAC**

Mailing Address 3814 WOODBINE STREET

City  
CHEVY CHASEState  
MDZip Code  
20815-4957FEC ID number of contributing  
federal political committee.**C** C00679985

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 04 / 2023**Transaction ID : SA11C.611499**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TRINITY INDUSTRIES EMPLOYEE POLITICAL ACTION COMMITTEE (SF)**Mailing Address 2525 NORTH STEMMONS FREEWAY  
SUITE 1100City  
DALLASState  
TXZip Code  
75207-2401FEC ID number of contributing  
federal political committee.**C** C00268904

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 13 / 2023**Transaction ID : SA11C.610666**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

9000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 70 OF 153  
(check only one)

<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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TRIUMPH GROUP INC PAC**

Mailing Address 8306 MARBLE DALE CT

City  
ALEXANDRIAState  
VAZip Code  
22308-1566FEC ID number of contributing  
federal political committee.**C** C00361949

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : SA11C.610487**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING**

Mailing Address 430 FIRST STREET SE

City  
WASHINGTONState  
DCZip Code  
20003-1826FEC ID number of contributing  
federal political committee.**C** C00002881

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 11 / 2023**Transaction ID : SA11C.612069**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TYSON FOODS INC POLITICAL ACTION COMMITTEE (TYPAC)**

Mailing Address 1000 F STREET NORTHWEST

City  
WASHINGTONState  
DCZip Code  
20004-1408FEC ID number of contributing  
federal political committee.**C** C00169821

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 04 / 2023**Transaction ID : SA11C.611498**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

8500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 71 OF 153  
(check only one)

<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

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)

Alamo PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TYSON FOODS INC POLITICAL ACTION COMMITTEE (TYPAC)**

Mailing Address 1000 F STREET NORTHWEST

City  
WASHINGTONState  
DCZip Code  
20004-1408FEC ID number of contributing  
federal political committee.

C C00169821

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 04 / 2023

Transaction ID : SA11C.611501

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. U.S. TRAVEL ASSOCIATION PAC**Mailing Address 1100 NEW YORK AVENUE NW  
SUITE 450City  
WASHINGTONState  
DCZip Code  
20005-3934FEC ID number of contributing  
federal political committee.

C C00457754

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11C.612207

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. UNITED PARCEL SERVICE INC. PAC (UPS PAC)**

Mailing Address 316 PENN AVE SE, STE 300

City  
WASHINGTONState  
DCZip Code  
20003-1173FEC ID number of contributing  
federal political committee.

C C00064766

Name of Employer (for Individual)

Occupation (for Individual)

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  
12 / 03 / 2023

Transaction ID : SA11C.611958

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

4500.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 72 OF 153  
(check only one)

<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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. UNITEDHEALTH GROUP INC. PAC**Mailing Address 701 PENNSYLVANIA AVENUE NW  
SUITE 530City  
WASHINGTONState  
DCZip Code  
20004-2641FEC 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 ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 09 / 2023**Transaction ID : SA11C.609822**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. VERTEX PHARMACEUTICALS INC PAC**Mailing Address 1050 K STREET, NW  
SUITE 1125City  
WASHINGTONState  
DCZip Code  
20001-4954FEC ID number of contributing  
federal political committee.**C** C00468660

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2023**Transaction ID : SA11C.612201**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. VIACOMCBS INC. POLITICAL ACTION COMMITTEE**Mailing Address 1275 PENNSYLVANIA AVENUE NW  
SUITE 710City  
WASHINGTONState  
DCZip Code  
20004-2448FEC ID number of contributing  
federal political committee.**C** C00167759

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2023**Transaction ID : SA11C.611261**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

8500.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 73 OF 153  
(check only one)

<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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. VISA, INC. POLITICAL ACTION COMMITTEE**Mailing Address 325 7TH STREET NW  
SUITE 800City  
WASHINGTONState  
DCZip Code  
20004-2801FEC ID number of contributing  
federal political committee.**C**

C00365122

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023**Transaction ID : SA11C.612211**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WALMART INC. PAC FOR RESPONSIBLE GOVERNMENT**Mailing Address 701 8TH STREET NORTHWEST  
SUITE 200City  
WASHINGTONState  
DCZip Code  
20001-3917FEC ID number of contributing  
federal political committee.**C**

C00093054

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2023**Transaction ID : SA11C.611266**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WESTERN ALLIANCE BANCORPORATION POLITICAL ACTION COMMITTEE (**Mailing Address 8350 BROAD STREET  
SUITE 1825City  
TYSONS CORNERState  
VAZip Code  
22102-5153FEC ID number of contributing  
federal political committee.**C**

C00817585

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 22 / 2023**Transaction ID : SA11C.610803**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

8500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 74 OF 153  
(check only one)

<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			

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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTI**

Mailing Address 805 FIFTEENTH ST NW, SUITE 430

City  
WASHINGTONState  
DCZip Code  
20005-2273FEC ID number of contributing  
federal political committee.**C**

C00147173

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 09 / 2023**Transaction ID : SA11C.609820**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTI**

Mailing Address 805 FIFTEENTH ST NW, SUITE 430

City  
WASHINGTONState  
DCZip Code  
20005-2273FEC ID number of contributing  
federal political committee.**C**

C00147173

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 22 / 2023**Transaction ID : SA11C.610800**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ZENECA INC. PAC**Mailing Address 701 PENNSYLVANIA AVENUE NW  
STE 500City  
WASHINGTONState  
DCZip Code  
20004-2624FEC ID number of contributing  
federal political committee.**C**

C00279455

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2023**Transaction ID : SA11C.611021**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

5000.00

**TOTAL** This Period (last page this line number only)..... ►

343754.46

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 75 OF 153  
(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)

Alamo PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CORNYN VICTORY COMMITTEE**

Mailing Address P.O. BOX 13026

City  
AUSTINState  
TXZip Code  
78711-3026FEC ID number of contributing  
federal political committee.

C C00770180

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

142814.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 28 / 2023

Transaction ID : SA12.610872

Amount of Each Receipt this Period

41040.22

☐ Memo Item

TRANSFER

CVC JFC MEMO

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BILLINGSLEY, LUCY, , MRS.,**

Mailing Address 6701 TURTLE CREEK BLVD

City  
DALLASState  
TXZip Code  
75205-1247FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF EMPLOYED

Occupation (for Individual)

REAL ESTATE DEVELOPER

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  
08 / 11 / 2023

Transaction ID : SA.610276.117.928

Amount of Each Receipt this Period

2500.00

☒ Memo Item

TRANSFER

TRANSFER FROM CORNYN VICTORY 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. COX, BOBBY, D., MR.,**

Mailing Address 5000 OVERTON PLZ STE 300

City  
FORT WORTHState  
TXZip Code  
76109-4441FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

COX COMPANIES, INC.

Occupation (for Individual)

PRESIDENT

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  
06 / 27 / 2023

Transaction ID : SA.609612.117.928

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

TRANSFER FROM CORNYN VICTORY 2024

SUBTOTAL of Receipts This Page (optional)..... ►

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

41040.22

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 76 OF 153  
(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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. COX, LEONA, , MRS.,**Mailing Address 5000 OVERTON PLAZA  
SUITE 300City  
FORT WORTHState  
TXZip Code  
76109-4441FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 27 / 2023**Transaction ID : SA.609611.117.928**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

TRANSFER FROM CORNYN VICTORY 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MANOCHERIAN, JED, , MR.,**

Mailing Address 18 EAST 50TH STREET

City  
NEW YORKState  
NYZip Code  
10022-6817FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
WOODBANCH INVESTMENTSOccupation (for Individual)  
REAL ESTATE INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023**Transaction ID : SA.609270.117.928**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

TRANSFER FROM CORNYN VICTORY 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MARTIN, EDWARD, EARL, MR., JR.**

Mailing Address 12309 MUHLY CV

City  
AUSTINState  
TXZip Code  
78738-6039FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
TILSON BUILT COMPANYOccupation (for Individual)  
HOME BUILDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 27 / 2023**Transaction ID : SA.610472.117.928**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

TRANSFER FROM CORNYN VICTORY 2024

**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 PageFOR LINE NUMBER: PAGE 77 OF 153  
(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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MARTIN, RUBEN, S., MR., III**

Mailing Address P.O. BOX 191

City  
KILGOREState  
TXZip Code  
75663-0191FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
MARTIN RESOURCE MANAGEMENTOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 13 / 2023**Transaction ID : SA.610663.117.928**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

TRANSFER FROM CORNYN VICTORY 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MCLANE, DRAYTON, , MR., JR.**

Mailing Address P.O. BOX 549

City  
TEMPLEState  
TXZip Code  
76503-0549FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
MCLANE GROUPOccupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : SA.610774.117.928**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

TRANSFER FROM CORNYN VICTORY 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PFAUTCH, ROY, , MR.,**

Mailing Address 52 PORTLAND PL

City  
SAINT LOUISState  
MOZip Code  
63108-1242FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
CIVIC SERVICE INC.Occupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1649.97

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 12 / 2023**Transaction ID : SA.609884.117.928**

Amount of Each Receipt this Period

1649.97

☒ Memo Item

TRANSFER

TRANSFER FROM CORNYN VICTORY 2024

**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 PageFOR LINE NUMBER: PAGE 78 OF 153  
(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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SEAY, GEORGE, E., MR., III**Mailing Address 2626 COLE AVENUE  
SUITE 700City  
DALLASState  
TXZip Code  
75204-4065FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
ANNANDALE CAPITALOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : SA.609955.117.928**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

TRANSFER FROM CORNYN VICTORY 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SEAY, GRETCHEN, , MRS.,**

Mailing Address 2626 COLE AVENUE, 7TH FLOOR

City  
DALLASState  
TXZip Code  
75204-1083FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
CLEARLIGHT ADVISORSOccupation (for Individual)  
INVESTMENT BANKING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : SA.609954.117.928**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

TRANSFER FROM CORNYN VICTORY 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SHEFFIELD, BRYAN, S., MR.,**

Mailing Address 300 COLORADO STREET, SUITE 1900

City  
AUSTINState  
TXZip Code  
78701-0142FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
MARBELLA INTERESTS, LLCOccupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 11 / 2023**Transaction ID : SA.610277.117.928**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

TRANSFER FROM CORNYN VICTORY 2024

**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: PAGE 79 OF 153

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/>	<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)

Alamo PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CORNYN VICTORY COMMITTEE**

Mailing Address P.O. BOX 13026

City  
AUSTINState  
TXZip Code  
78711-3026FEC ID number of contributing  
federal political committee.

C C00770180

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

142814.26

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 28 / 2023

Transaction ID : SA12.612246

Amount of Each Receipt this Period

24424.00

☐ Memo Item

TRANSFER

CVC JFC MEMO

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BASS, LEE, M., MR.,**

Mailing Address 201 MAIN ST STE 2700

City  
FORT WORTHState  
TXZip Code  
76102-3131FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

LMBI, LP

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 05 / 2023

Transaction ID : SA.609788.117.127

Amount of Each Receipt this Period

3300.00

☒ Memo Item

TRANSFER

TRANSFER FROM CORNYN VICTORY 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BASS, RAMONA, S., MS.,**

Mailing Address 201 MAIN ST STE 2700

City  
FORT WORTHState  
TXZip Code  
76102-3131FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

LMBI, LP

MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 05 / 2023

Transaction ID : SA.609789.117.127

Amount of Each Receipt this Period

3300.00

☒ Memo Item

TRANSFER

TRANSFER FROM CORNYN VICTORY 2024

SUBTOTAL of Receipts This Page (optional)..... ►

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

24424.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 80 OF 153  
(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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CARONA, JOHN, J., MR., SR.**

Mailing Address 5401 N CENTRAL EXPRESSWAY, STE 310

City  
DALLASState  
TXZip Code  
75205-9806FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
ASSOCIAOccupation (for Individual)  
REAL ESTATE/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2023**Transaction ID : SA.611014.117.127**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

TRANSFER FROM CORNYN VICTORY 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CARSON, RUSSELL, L., MR.,**Mailing Address 930 FIFTH AVENUE  
APT. 20ACity  
NEW YORKState  
NYZip Code  
10021-2680FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
CARSON FAMILY CHARITABLE TRUSTOccupation (for Individual)  
PHILANTHROPY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 18 / 2023**Transaction ID : SA.611627.117.127**

Amount of Each Receipt this Period

1700.00

☒ Memo Item

TRANSFER

TRANSFER FROM CORNYN VICTORY 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FOSTER, PAUL, L., MR.,**

Mailing Address 123 W MILLS AVE STE 600

City  
EL PASOState  
TXZip Code  
79901-1577FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
WESTERN REFININGOccupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2023**Transaction ID : SA.612224.117.127**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

TRANSFER FROM CORNYN VICTORY 2024

**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 PageFOR LINE NUMBER: PAGE 81 OF 153  
(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)

**Alamo PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HUNT, NANCY, ANN, MRS.,**

Mailing Address 1900 N AKARD ST

City  
DALLASState  
TXZip Code  
75201-2729FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

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  
12 / 20 / 2023**Transaction ID : SA.612191.117.127**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

TRANSFER FROM CORNYN VICTORY 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HUNT, RAY, L., MR.,**

Mailing Address 1900 N AKARD ST

City  
DALLASState  
TXZip Code  
75201-2729FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HUNT CONSOLIDATED INCOccupation (for Individual)  
EXECUTIVE

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  
12 / 20 / 2023**Transaction ID : SA.612190.117.127**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

TRANSFER FROM CORNYN VICTORY 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TOLL, BRUCE, E., MR.,**

Mailing Address 754 S. COUNTY ROAD

City  
PALM BEACHState  
FLZip Code  
33480-4826FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
BET INVESTMENTSOccupation (for Individual)  
DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2023**Transaction ID : SA.612188.117.127**

Amount of Each Receipt this Period

100.00

☒ Memo Item

TRANSFER

TRANSFER FROM CORNYN VICTORY 2024

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

0.00

**TOTAL** This Period (last page this line number only).....▶

65464.22

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 82 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. BRANDEWIE, DREW, , ,**

Mailing Address 1319 D ST SE

City  
WASHINGTONState  
DCZip Code  
20003

Purpose of Disbursement

SALARY

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	9			2	0	2	3		

FEC Identification Number

**C**

Transaction ID : SB21B.28

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. LUTZ, KEITH, , ,**

Mailing Address 1300 AVENUE M, ROOM 250

City  
HONDOState  
TXZip Code  
78861

Purpose of Disbursement

MUSICAL ENTERTAINMENT

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	2	3		

FEC Identification Number

**C**

Transaction ID : SB21B.57

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PURPURA, SALVATORE, , ,**

Mailing Address 6334 PUMPERNICKEL LANE

City  
MONROEState  
NCZip Code  
28110

Purpose of Disbursement

COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	2	3		

FEC Identification Number

**C**

Transaction ID : SB21B.64

Amount of Each Disbursement this Period

1406.25

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9906.25

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 83 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. PURPURA, SALVATORE, , ,**

Mailing Address 6334 PUMPERNICKEL LANE

City  
MONROEState  
NCZip Code  
28110Purpose of Disbursement  
COMPLIANCE CONSULTING

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) ▼		

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2023

FEC Identification Number

C

Transaction ID : SB21B.65

Amount of Each Disbursement this Period

843.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PURPURA, SALVATORE, , ,**

Mailing Address 6334 PUMPERNICKEL LANE

City  
MONROEState  
NCZip Code  
28110Purpose of Disbursement  
COMPLIANCE CONSULTING

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)		

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2023

FEC Identification Number

C

Transaction ID : SB21B.66

Amount of Each Disbursement this Period

906.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PURPURA, SALVATORE, , ,**

Mailing Address 6334 PUMPERNICKEL LANE

City  
MONROEState  
NCZip Code  
28110Purpose of Disbursement  
COMPLIANCE CONSULTING

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) ▼		

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2023

FEC Identification Number

C

Transaction ID : SB21B.67

Amount of Each Disbursement this Period

937.50

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

2687.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 84 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. PURPURA, SALVATORE, , ,**

Mailing Address 6334 PUMPERNICKEL LANE

City  
MONROEState  
NCZip Code  
28110Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
TypeOffice 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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.68

Amount of Each Disbursement this Period

656.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PURPURA, SALVATORE, , ,**

Mailing Address 6334 PUMPERNICKEL LANE

City  
MONROEState  
NCZip Code  
28110Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
TypeOffice 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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		3	0		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.69

Amount of Each Disbursement this Period

1031.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ROGERS, DON, , ,**

Mailing Address PO BOX 162163

City  
AUSTINState  
TXZip Code  
78716Purpose of Disbursement  
PHOTOGRAPHY SVC

Candidate Name

Category/  
TypeOffice 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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		0	4		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.27

Amount of Each Disbursement this Period

568.31

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

2255.81

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 85 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. ARISTEIA GROUP INC.**Mailing Address C/O BRADLEY PATRICK GROUP  
1020 N. FAIRFAX STREET, SUITE 201City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
FINANCE CONSULTING

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) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		1	9		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.2

Amount of Each Disbursement this Period

7000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ARISTEIA GROUP INC.**Mailing Address C/O BRADLEY PATRICK GROUP  
1020 N. FAIRFAX STREET, SUITE 201City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
FINANCE CONSULTING/CATERING

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) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.3

Amount of Each Disbursement this Period

7209.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ARISTEIA GROUP INC.**Mailing Address C/O BRADLEY PATRICK GROUP  
1020 N. FAIRFAX STREET, SUITE 201City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
FINANCE CONSULTING/PHONE SVC

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) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	8		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.4

Amount of Each Disbursement this Period

7100.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

21309.02

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 86 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. ARISTEIA GROUP INC.**Mailing Address C/O BRADLEY PATRICK GROUP  
1020 N. FAIRFAX STREET, SUITE 201City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
FINANCE CONSULTING/TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	6			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.5

Amount of Each Disbursement this Period

7478.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ARISTEIA GROUP INC.**Mailing Address C/O BRADLEY PATRICK GROUP  
1020 N. FAIRFAX STREET, SUITE 201City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
FINANCE CONSULTING/TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.6

Amount of Each Disbursement this Period

8120.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ARISTEIA GROUP INC.**Mailing Address C/O BRADLEY PATRICK GROUP  
1020 N. FAIRFAX STREET, SUITE 201City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
FINANCE CONSULTING/TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	9			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.7

Amount of Each Disbursement this Period

7174.02

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

22772.96

<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

# Alamo PAC

**A. ATCHLEY & ASSOCIATES**

Date of Disbursement

07 / 29 / 2023

Candidate Name

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

FEC Identification Number

C

Transaction ID : SB21B.1

Amount of Each Disbursement this Period

1118.50

Memo Item

**B. CAPITOL GOLF PROMOTIONS LLC**

Date of Disbursement

09 / 06 / 2023

Candidate Name

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

State:  District:

FEC Identification Number

C

Transaction ID : SB21B.8

Amount of Each Disbursement this Period

4882.08

Memo Item

### C. CITIBANK

Date of Disbursement



Candidate Name

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

FEC Identification Number

C

Transaction ID : SB21B.10

Amount of Each Disbursement this Period

2249.96

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

8250.54

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 88 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. BISTRO CACAO**

Mailing Address 316 MASS AVE

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.170

Amount of Each Disbursement this Period

150.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. THE MONOCLE**

Mailing Address 107 D ST NE

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.171

Amount of Each Disbursement this Period

2099.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. CITIBANK**

Mailing Address PO BOX 9001037

City  
LOUISVILLEState  
KYZip Code  
40290Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.11

Amount of Each Disbursement this Period

1620.08

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

1620.08



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 89 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City  
FT WORTHState  
TXZip Code  
76155

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.107

Amount of Each Disbursement this Period

1082.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ETSY**

Mailing Address 117 ADAMS ST

City  
BROOKLYNState  
NYZip Code  
11201

Purpose of Disbursement

EQUIPMENT PURCHASE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.103

Amount of Each Disbursement this Period

44.51

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST AIRLINES**

Mailing Address PO BOX 36647

City  
DALLASState  
TXZip Code  
75235

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.106

Amount of Each Disbursement this Period

16.80

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 90 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST AIRLINES**

Mailing Address PO BOX 36647

City  
DALLASState  
TXZip Code  
75235

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.109

Amount of Each Disbursement this Period

11.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. SP CELLAR.COM**

Mailing Address 300 MASSACHUSETTS AVE NE

City  
WASHINGTONState  
DCZip Code  
02002

Purpose of Disbursement

EQUIPMENT PURCHASE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.102

Amount of Each Disbursement this Period

394.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 555 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.105

Amount of Each Disbursement this Period

13.97

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 91 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. UNITED AIRLINES**

Mailing Address PO BOX 06649

City  
CHICAGOState  
ILZip Code  
60606

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.108

Amount of Each Disbursement this Period

5.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. US SENATE GIFT SHOP**

Mailing Address 50 CONSTITUTION AVE NE

City  
WASHINGTONState  
DCZip Code  
20510

Purpose of Disbursement

PRINTING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.104

Amount of Each Disbursement this Period

51.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. CITIBANK**

Mailing Address PO BOX 9001037

City  
LOUISVILLEState  
KYZip Code  
40290

Purpose of Disbursement

CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.12

Amount of Each Disbursement this Period

5014.75

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5014.75

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 92 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City  
FT WORTHState  
TXZip Code  
76155

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.112

Amount of Each Disbursement this Period

2241.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City  
FT WORTHState  
TXZip Code  
76155

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.117

Amount of Each Disbursement this Period

836.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. DELTA AIRLINES**

Mailing Address 1030 DELTA BLVD

City  
ATLANTAState  
GAZip Code  
30320

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.116

Amount of Each Disbursement this Period

488.38

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

0.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 93 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. ETSY**

Mailing Address 117 ADAMS ST

City  
BROOKLYNState  
NYZip Code  
11201Purpose of Disbursement  
EQUIPMENT PURCHASE

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) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.114

Amount of Each Disbursement this Period

40.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST AIRLINES**

Mailing Address PO BOX 36647

City  
DALLASState  
TXZip Code  
75235Purpose of Disbursement  
TRAVEL

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) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.111

Amount of Each Disbursement this Period

569.37

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST AIRLINES**

Mailing Address PO BOX 36647

City  
DALLASState  
TXZip Code  
75235Purpose of Disbursement  
TRAVEL

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) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.113

Amount of Each Disbursement this Period

294.58

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 94 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST AIRLINES**

Mailing Address PO BOX 36647

City  
DALLASState  
TXZip Code  
75235

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.119

Amount of Each Disbursement this Period

426.02

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. THE MONOCLE**

Mailing Address 107 D ST NE

City  
WASHINGTONState  
DCZip Code  
20002

Purpose of Disbursement

FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.118

Amount of Each Disbursement this Period

86.22

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. US SENATE GIFT SHOP**

Mailing Address 50 CONSTITUTION AVE NE

City  
WASHINGTONState  
DCZip Code  
20510

Purpose of Disbursement

PRINTING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.115

Amount of Each Disbursement this Period

32.00

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 95 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. CITIBANK**

Mailing Address PO BOX 9001037

City  
LOUISVILLEState  
KYZip Code  
40290Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.13

Amount of Each Disbursement this Period

2016.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City  
FT WORTHState  
TXZip Code  
76155Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.176

Amount of Each Disbursement this Period

738.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City  
FT WORTHState  
TXZip Code  
76155Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.178

Amount of Each Disbursement this Period

81.82

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

2016.65

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 96 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. BISTRO CACAO**

Mailing Address 316 MASS AVE

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.173

Amount of Each Disbursement this Period

829.63

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. BISTRO CACAO**

Mailing Address 316 MASS AVE

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.175

Amount of Each Disbursement this Period

200.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. EZCATER**

Mailing Address 40 WATER ST 5TH FLOOR

City  
BOSTONState  
MAZip Code  
02109Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.174

Amount of Each Disbursement this Period

75.39

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

0.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 97 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. US SENATE GIFT SHOP**

Mailing Address 50 CONSTITUTION AVE NE

City  
WASHINGTONState  
DCZip Code  
20510Purpose of Disbursement  
EQUIPMENT PURCHASE/PRINTING

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.177

Amount of Each Disbursement this Period

91.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. CITIBANK**

Mailing Address PO BOX 9001037

City  
LOUISVILLEState  
KYZip Code  
40290Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
TypeOffice 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)		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.14

Amount of Each Disbursement this Period

2841.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMAZON.COM**

Mailing Address 410 TERRY ST

City  
SEATTLEState  
WAZip Code  
98109Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.188

Amount of Each Disbursement this Period

119.06

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

2841.33

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 98 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. BULLFROG BAGELS**

Mailing Address 317 7TH ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FOOD AND BEVERAGE

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) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2023			

FEC Identification Number

**C**

Transaction ID : SB21B.182

Amount of Each Disbursement this Period

126.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. DELPHINIUM DESIGN**

Mailing Address 5806 W LOVERS LN

City  
DALLASState  
TXZip Code  
75225Purpose of Disbursement  
PRINTING

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) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2023			

FEC Identification Number

**C**

Transaction ID : SB21B.189

Amount of Each Disbursement this Period

120.11

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. H-E-B**

Mailing Address 6001 PRESTON RD SUITE 100

City  
PLANOState  
TXZip Code  
75093Purpose of Disbursement  
FOOD AND BEVERAGE

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) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2023			

FEC Identification Number

**C**

Transaction ID : SB21B.184

Amount of Each Disbursement this Period

12.99

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 99 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. H-E-B**

Mailing Address 6001 PRESTON RD SUITE 100

City  
PLANOState  
TXZip Code  
75093Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2023			

FEC Identification Number

C

Transaction ID : SB21B.185

Amount of Each Disbursement this Period

455.16

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. JASONS DELI**

Mailing Address 9600 I-35 STE D500

City  
AUSTINState  
TXZip Code  
78748Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2023			

FEC Identification Number

C

Transaction ID : SB21B.187

Amount of Each Disbursement this Period

148.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MI VIDA**

Mailing Address 1901 14TH ST NW

City  
WASHINGTONState  
DCZip Code  
20009Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2023			

FEC Identification Number

C

Transaction ID : SB21B.186

Amount of Each Disbursement this Period

658.00

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 100 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST AIRLINES**

Mailing Address PO BOX 36647

City  
DALLASState  
TXZip Code  
75235

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	2							2
2023												

FEC Identification Number

C

Transaction ID : SB21B.180

Amount of Each Disbursement this Period

321.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST AIRLINES**

Mailing Address PO BOX 36647

City  
DALLASState  
TXZip Code  
75235

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	2							2
2023												

FEC Identification Number

C

Transaction ID : SB21B.181

Amount of Each Disbursement this Period

733.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST AIRLINES**

Mailing Address PO BOX 36647

City  
DALLASState  
TXZip Code  
75235

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	2							2
2023												

FEC Identification Number

C

Transaction ID : SB21B.190

Amount of Each Disbursement this Period

101.31

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 101 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. STARBUCKS**

Mailing Address 45020 AVIATION DR

City  
STERLINGState  
VAZip Code  
20166Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			02			2023					

FEC Identification Number

C

Transaction ID : SB21B.183

Amount of Each Disbursement this Period

44.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. CITIBANK**

Mailing Address PO BOX 9001037

City  
LOUISVILLEState  
KYZip Code  
40290Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			02			2023					

FEC Identification Number

C

Transaction ID : SB21B.15

Amount of Each Disbursement this Period

2255.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMAZON.COM**

Mailing Address 410 TERRY ST

City  
SEATTLEState  
WAZip Code  
98109Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			02			2023					

FEC Identification Number

C

Transaction ID : SB21B.129

Amount of Each Disbursement this Period

95.39

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

2255.08

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 102 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. HEADLINERS CLUB**Mailing Address 221 W 6TH ST  
SUITE 2100City  
AUSTINState  
TXZip Code  
78701Purpose of Disbursement  
FOOD AND BEVERAGE

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) ▼		

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2023			

FEC Identification Number

C

Transaction ID : SB21B.121

Amount of Each Disbursement this Period

325.46

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST AIRLINES**

Mailing Address PO BOX 36647

City  
DALLASState  
TXZip Code  
75235Purpose of Disbursement  
TRAVEL

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) ▼		

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2023			

FEC Identification Number

C

Transaction ID : SB21B.126

Amount of Each Disbursement this Period

22.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST AIRLINES**

Mailing Address PO BOX 36647

City  
DALLASState  
TXZip Code  
75235Purpose of Disbursement  
TRAVEL

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) ▼		

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2023			

FEC Identification Number

C

Transaction ID : SB21B.130

Amount of Each Disbursement this Period

344.42

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 103 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. THE BROADMOOR**

Mailing Address 1 LAKE AVE

City  
COLORADO SPRINGSState  
COZip Code  
80906

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	2							

FEC Identification Number

C

Transaction ID : SB21B.124

Amount of Each Disbursement this Period

898.83

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. TIMBERLINE STEAK AND GRILL**

Mailing Address 8500 PENA BLVD

City  
DENVERState  
COZip Code  
80249

Purpose of Disbursement

FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	2							

FEC Identification Number

C

Transaction ID : SB21B.123

Amount of Each Disbursement this Period

74.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 555 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	2							

FEC Identification Number

C

Transaction ID : SB21B.125

Amount of Each Disbursement this Period

87.87

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 104 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. UNITED AIRLINES**

Mailing Address PO BOX 06649

City  
CHICAGOState  
ILZip Code  
60606

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.127

Amount of Each Disbursement this Period

333.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. US SENATE GIFT SHOP**

Mailing Address 50 CONSTITUTION AVE NE

City  
WASHINGTONState  
DCZip Code  
20510

Purpose of Disbursement

ORNAMENTS

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.122

Amount of Each Disbursement this Period

64.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. US SENATE STATIONERY**

Mailing Address B-43 DIRKSEN OFFICE BUILDING

City  
WASHINGTONState  
DCZip Code  
20510

Purpose of Disbursement

PRINTING SERVICES

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.128

Amount of Each Disbursement this Period

8.25

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 105 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. CITIBANK**

Mailing Address PO BOX 9001037

City  
LOUISVILLEState  
KYZip Code  
40290Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2023			

FEC Identification Number

C

Transaction ID : SB21B.16

Amount of Each Disbursement this Period

5868.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMAZON.COM**

Mailing Address 410 TERRY ST

City  
SEATTLEState  
WAZip Code  
98109Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
TypeOffice 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)		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2023			

FEC Identification Number

C

Transaction ID : SB21B.195

Amount of Each Disbursement this Period

124.04

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMAZON.COM**

Mailing Address 410 TERRY ST

City  
SEATTLEState  
WAZip Code  
98109Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2023			

FEC Identification Number

C

Transaction ID : SB21B.198

Amount of Each Disbursement this Period

177.15

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

5868.03

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 106 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. BISTRO CACAO**

Mailing Address 316 MASS AVE

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.192

Amount of Each Disbursement this Period

1832.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. CORCORAN CATERERS**

Mailing Address 2401 MONTGOMERY ST

City  
SILVER SPRINGState  
MDZip Code  
20910Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.194

Amount of Each Disbursement this Period

2484.19

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MBRF INC**

Mailing Address 1335 14TH ST NW

City  
WASHINGTONState  
DCZip Code  
20005Purpose of Disbursement  
CATERING

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.196

Amount of Each Disbursement this Period

463.84

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

0.00

<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

Alamo PAC

A. MBRF INC

Category/  
Type

C

50.00

 Memo Item

**B. SP CELLAR.COM**

Category/  
Type

C

736.31

✕ Memo Item

### C. CITIBANK



Three digital displays are shown, each with a label above it: 'M' for the first, 'D' for the second, and 'Y' for the third. The first display shows '10', the second shows '31', and the third shows '2023'. They are separated by slashes.

Category/  
Type

C

2135.09

 Memo Item

2135.09

[illegible]

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 108 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City  
FT WORTHState  
TXZip Code  
76155

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.140

Amount of Each Disbursement this Period

996.57

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. BOBS STEAKHOUSE**

Mailing Address 2727 W CLUB DR

City  
TUCSONState  
AZZip Code  
85742

Purpose of Disbursement

FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.135

Amount of Each Disbursement this Period

266.91

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ELFENIX.COM**

Mailing Address 1601 MCKINNEY AVE

City  
DALLASState  
TXZip Code  
75202

Purpose of Disbursement

FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.132

Amount of Each Disbursement this Period

51.93

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 109 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. OMNI DALLAS**

Mailing Address 555 S LAMAR ST

City  
DALLASState  
TXZip Code  
75202

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.134

Amount of Each Disbursement this Period

242.09

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST AIRLINES**

Mailing Address PO BOX 36647

City  
DALLASState  
TXZip Code  
75235

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.137

Amount of Each Disbursement this Period

11.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST AIRLINES**

Mailing Address PO BOX 36647

City  
DALLASState  
TXZip Code  
75235

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.138

Amount of Each Disbursement this Period

11.20

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 110 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST AIRLINES**

Mailing Address PO BOX 36647

City  
DALLASState  
TXZip Code  
75235

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.139

Amount of Each Disbursement this Period

137.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 555 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.133

Amount of Each Disbursement this Period

24.01

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. UNITED AIRLINES**

Mailing Address PO BOX 06649

City  
CHICAGOState  
ILZip Code  
60606

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.136

Amount of Each Disbursement this Period

393.90

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 111 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. CITIBANK**

Mailing Address PO BOX 9001037

City  
LOUISVILLEState  
KYZip Code  
40290Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			05			2023					

FEC Identification Number

C

Transaction ID : SB21B.18

Amount of Each Disbursement this Period

3040.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAREY INTL**

Mailing Address 7445 NEW TECHNOLOGY WAY

City  
FREDERICKState  
MDZip Code  
21703Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			05			2023					

FEC Identification Number

C

Transaction ID : SB21B.146

Amount of Each Disbursement this Period

522.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. DC TAXI**

Mailing Address 2235 SHANNON PL SE SUITE 2001

City  
WASHINGTONState  
DCZip Code  
20020Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			05			2023					

FEC Identification Number

C

Transaction ID : SB21B.157

Amount of Each Disbursement this Period

28.48

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

3040.21

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 112 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. GREENBRIER**

Mailing Address 101 W MAIN ST

City  
WHITE SULPHUR SPRINGSState  
WVZip Code  
24986

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	5							

FEC Identification Number

C

Transaction ID : SB21B.153

Amount of Each Disbursement this Period

580.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. GREENBRIER**

Mailing Address 101 W MAIN ST

City  
WHITE SULPHUR SPRINGSState  
WVZip Code  
24986

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	5							

FEC Identification Number

C

Transaction ID : SB21B.154

Amount of Each Disbursement this Period

48.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. HUDSON NEWS**

Mailing Address 8500 PENA BLVD

City  
DENVERState  
COZip Code  
80249

Purpose of Disbursement

FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	5							

FEC Identification Number

C

Transaction ID : SB21B.156

Amount of Each Disbursement this Period

11.77

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

0.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 113 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. LIBERTY AUTO SERVICE**

Mailing Address 764 E MARKET ST

City  
HARRISONBURGState  
VAZip Code  
22801

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.155

Amount of Each Disbursement this Period

48.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. OMNI FORT WORTH**

Mailing Address 1300 HOUSTON ST

City  
FORT WORTHState  
TXZip Code  
76102

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.150

Amount of Each Disbursement this Period

348.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. OMNI FORT WORTH**

Mailing Address 1300 HOUSTON ST

City  
FORT WORTHState  
TXZip Code  
76102

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.151

Amount of Each Disbursement this Period

4.00

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 114 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST AIRLINES**

Mailing Address PO BOX 36647

City  
DALLASState  
TXZip Code  
75235

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.148

Amount of Each Disbursement this Period

5.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST AIRLINES**

Mailing Address PO BOX 36647

City  
DALLASState  
TXZip Code  
75235

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.152

Amount of Each Disbursement this Period

16.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. THE CLOISTER AT SEA ISLAND**

Mailing Address 100 CLOISTER DR

City  
SEA ISLANDState  
GAZip Code  
31561

Purpose of Disbursement

FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.145

Amount of Each Disbursement this Period

137.34

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 115 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 555 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	5			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.147

Amount of Each Disbursement this Period

14.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 555 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	5			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.149

Amount of Each Disbursement this Period

40.69

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. UNITED AIRLINES**

Mailing Address PO BOX 06649

City  
CHICAGOState  
ILZip Code  
60606

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	5			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.143

Amount of Each Disbursement this Period

418.90

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 116 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. UNITED AIRLINES**

Mailing Address PO BOX 06649

City  
CHICAGOState  
ILZip Code  
60606

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.144

Amount of Each Disbursement this Period

418.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. UNITED AIRLINES**

Mailing Address PO BOX 06649

City  
CHICAGOState  
ILZip Code  
60606

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.158

Amount of Each Disbursement this Period

394.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. CITIBANK**

Mailing Address PO BOX 9001037

City  
LOUISVILLEState  
KYZip Code  
40290

Purpose of Disbursement

CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.19

Amount of Each Disbursement this Period

9036.55

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9036.55

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 117 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. ALARM CONNECTIONS**

Mailing Address 1646 W CHESTER PIKE #31

City  
WEST CHESTERState  
PAZip Code  
19382Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
TypeOffice 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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.204

Amount of Each Disbursement this Period

624.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City  
FT WORTHState  
TXZip Code  
76155Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice 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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.210

Amount of Each Disbursement this Period

329.72

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. DELTA AIRLINES**

Mailing Address 1030 DELTA BLVD

City  
ATLANTAState  
GAZip Code  
30320Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice 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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.201

Amount of Each Disbursement this Period

508.20

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 118 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. EZCATER**

Mailing Address 40 WATER ST 5TH FLOOR

City  
BOSTONState  
MAZip Code  
02109Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		0	5		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.209

Amount of Each Disbursement this Period

89.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. GUARDIAN SECURITY**

Mailing Address 7868 E AVE

City  
BALTIMOREState  
MDZip Code  
21224Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		0	5		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.203

Amount of Each Disbursement this Period

300.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. HILL COUNTRY BBQ**

Mailing Address 410 7TH ST NW

City  
WASHINGTONState  
DCZip Code  
20004Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		0	5		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.205

Amount of Each Disbursement this Period

3120.57

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 119 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. LAURENZOS RESTAURANT**

Mailing Address 4412 WASHINGTON AVE

City  
HOUSTONState  
TXZip Code  
77007Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	5			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.206

Amount of Each Disbursement this Period

108.69

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MBRF INC**

Mailing Address 1335 14TH ST NW

City  
WASHINGTONState  
DCZip Code  
20005Purpose of Disbursement  
CATERING

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	5			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.208

Amount of Each Disbursement this Period

471.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MI VIDA**

Mailing Address 1901 14TH ST NW

City  
WASHINGTONState  
DCZip Code  
20009Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
TypeOffice 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) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	5			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.200

Amount of Each Disbursement this Period

1128.64

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 120 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. UNITED AIRLINES**

Mailing Address PO BOX 06649

City  
CHICAGOState  
ILZip Code  
60606

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		0	5		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.202

Amount of Each Disbursement this Period

816.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. US SENATE GIFT SHOP**

Mailing Address 50 CONSTITUTION AVE NE

City  
WASHINGTONState  
DCZip Code  
20510

Purpose of Disbursement

ORNAMENTS

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		0	5		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.207

Amount of Each Disbursement this Period

1539.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. CITIBANK**

Mailing Address PO BOX 9001037

City  
LOUISVILLEState  
KYZip Code  
40290

Purpose of Disbursement

CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		0	6		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.9

Amount of Each Disbursement this Period

8393.04

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8393.04



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 121 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. SINPLICITY**Mailing Address 6402 ARLINGTON BLVD  
SUITE B150City  
FALLS CHURCHState  
VAZip Code  
22042

Purpose of Disbursement

CATERING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.166

Amount of Each Disbursement this Period

610.73

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. TOSCA**

Mailing Address 1112 F ST NW

City  
WASHINGTONState  
DCZip Code  
20004

Purpose of Disbursement

CATERING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.167

Amount of Each Disbursement this Period

3960.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. URBANO**

Mailing Address 116 KING ST

City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

CATERING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.165

Amount of Each Disbursement this Period

3822.31

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 122 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. CMDI**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	8			2	0	2	3		

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C

Transaction ID : SB21B.20

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	5			2	0	2	3		

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C

Transaction ID : SB21B.21

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	2	3		

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C

Transaction ID : SB21B.22

Amount of Each Disbursement this Period

250.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

750.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 123 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. CMDI**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	6		2	0	2	3		

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C

Transaction ID : SB21B.23

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	9		2	0	2	3		

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C

Transaction ID : SB21B.24

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		1	5		2	0	2	3		

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C

Transaction ID : SB21B.25

Amount of Each Disbursement this Period

250.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

750.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 124 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. CROSSROADS STRATEGIES LLC**Mailing Address 800 N CAPITOL ST NW  
STE 800City  
WASHINGTONState  
DCZip Code  
20002

Purpose of Disbursement

FACILITY RENTAL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	3							2
09 / 03 / 2023												

FEC Identification Number

C

Transaction ID : SB21B.26

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. EVERYTHING SWEET LLC**

Mailing Address 9305 PRINCE WILLIAM

City  
AUSTINState  
TXZip Code  
78730

Purpose of Disbursement

CATERING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	1							2
09 / 11 / 2023												

FEC Identification Number

C

Transaction ID : SB21B.29

Amount of Each Disbursement this Period

325.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 942 S SHADY GROVE RD

City  
MEMPHISState  
TXZip Code  
38120

Purpose of Disbursement

DELIVERY

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	4							2
07 / 14 / 2023												

FEC Identification Number

C

Transaction ID : SB21B.30

Amount of Each Disbursement this Period

31.14

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

506.14

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 125 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 942 S SHADY GROVE RD

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	2	3	

City  
MEMPHISState  
TXZip Code  
38120

FEC Identification Number

**C**

Transaction ID : SB21B.31

Amount of Each Disbursement this Period

64.20

☐ Memo Item

Purpose of Disbursement

DELIVERY

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 942 S SHADY GROVE RD

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
	1	0			1	2		2	0	2	3	

City  
MEMPHISState  
TXZip Code  
38120

FEC Identification Number

**C**

Transaction ID : SB21B.32

Amount of Each Disbursement this Period

32.30

☐ Memo Item

Purpose of Disbursement

DELIVERY

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 942 S SHADY GROVE RD

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
	1	0			2	6		2	0	2	3	

City  
MEMPHISState  
TXZip Code  
38120

FEC Identification Number

**C**

Transaction ID : SB21B.33

Amount of Each Disbursement this Period

31.89

☐ Memo Item

Purpose of Disbursement

DELIVERY

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

128.39

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 126 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 942 S SHADY GROVE RD

City  
MEMPHISState  
TXZip Code  
38120

Purpose of Disbursement

DELIVERY

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.34

Amount of Each Disbursement this Period

32.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 942 S SHADY GROVE RD

City  
MEMPHISState  
TXZip Code  
38120

Purpose of Disbursement

DELIVERY

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			3	0			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.35

Amount of Each Disbursement this Period

31.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 942 S SHADY GROVE RD

City  
MEMPHISState  
TXZip Code  
38120

Purpose of Disbursement

DELIVERY

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.36

Amount of Each Disbursement this Period

31.76

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

95.55

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 127 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 942 S SHADY GROVE RD

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	4			2	0	2	3	

City  
MEMPHISState  
TXZip Code  
38120

FEC Identification Number

**C**

Transaction ID : SB21B.37

Amount of Each Disbursement this Period

31.69

☐ Memo Item

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. FEDEX**

Mailing Address 942 S SHADY GROVE RD

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	8			2	0	2	3	

City  
MEMPHISState  
TXZip Code  
38120

FEC Identification Number

**C**

Transaction ID : SB21B.38

Amount of Each Disbursement this Period

31.49

☐ Memo Item

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. FIRST BANKCARD**

Mailing Address PO BOX 2340

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	9			2	0	2	3	

City  
OMAHAState  
NEZip Code  
68103

FEC Identification Number

**C**

Transaction ID : SB21B.39

Amount of Each Disbursement this Period

481.75

☐ Memo Item

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).....▶

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

544.93

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 128 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 942 S SHADY GROVE RD

City  
MEMPHISState  
TXZip Code  
38120

Purpose of Disbursement

DELIVERY

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.215

Amount of Each Disbursement this Period

469.75

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MYFAX**

Mailing Address 6922 HOLLYWOOD BLVD

City  
LOS ANGELESState  
CAZip Code  
90028

Purpose of Disbursement

PHONE SVC

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.214

Amount of Each Disbursement this Period

12.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. FIRST BANKCARD**

Mailing Address PO BOX 2340

City  
OMAHAState  
NEZip Code  
68103

Purpose of Disbursement

CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	0			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.40

Amount of Each Disbursement this Period

104.62

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

104.62



<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

# Alamo PAC

### A. FEDEX

Date of Disbursement

M M / D D / Y Y Y Y  
08 28 2023

## DELIVERY

Category/  
Type

☐ Primary ☐ General  
☐ Other (specify) ▼

District:

FEC Identification Number

C
---

Transaction ID : SB21B.217

Amount of Each Disbursement this Period

45.86

**X** Memo Item

## B. FEDEX

Date of Disbursement

## DELIVERY

Category/  
Type

☐ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

District:

FEC Identification Number

C
---

Transaction ID : SB21B.218

Amount of Each Disbursement this Period

46.76

✕ Memo Item

### C. MYFAX

Date of Disbursement

PHONE SVC

Category/  
Type

☐ Primary ☐ General  
☐ Other (specify) ▼

District:

FEC Identification Number

C

Transaction ID : SB21B.216

Amount of Each Disbursement this Period

12.00

✕ Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

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

0.00

[illegible]

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 130 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. FIRST BANKCARD**

Mailing Address PO BOX 2340

City  
OMAHAState  
NEZip Code  
68103Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
TypeOffice 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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.41

Amount of Each Disbursement this Period

401.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 942 S SHADY GROVE RD

City  
MEMPHISState  
TXZip Code  
38120Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
TypeOffice 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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.223

Amount of Each Disbursement this Period

294.65

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MYFAX**

Mailing Address 6922 HOLLYWOOD BLVD

City  
LOS ANGELESState  
CAZip Code  
90028Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
TypeOffice 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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.221

Amount of Each Disbursement this Period

12.00

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

401.65

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 131 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. PROSHRED**

Mailing Address 803 PRESSLEY RD

City  
CHARLOTTEState  
NCZip Code  
28217Purpose of Disbursement  
SHREDDING

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) ▼		

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.222

Amount of Each Disbursement this Period

95.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. FIRST BANKCARD**

Mailing Address PO BOX 2340

City  
OMAHAState  
NEZip Code  
68103Purpose of Disbursement  
CREDIT CARD PAYMENT

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)		

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.42

Amount of Each Disbursement this Period

400.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 942 S SHADY GROVE RD

City  
MEMPHISState  
TXZip Code  
38120Purpose of Disbursement  
DELIVERY

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) ▼		

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.225

Amount of Each Disbursement this Period

36.93

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

400.23

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 132 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 942 S SHADY GROVE RD

City  
MEMPHISState  
TXZip Code  
38120

Purpose of Disbursement

DELIVERY

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	1		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.226

Amount of Each Disbursement this Period

131.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 942 S SHADY GROVE RD

City  
MEMPHISState  
TXZip Code  
38120

Purpose of Disbursement

DELIVERY

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	1		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.228

Amount of Each Disbursement this Period

219.32

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MYFAX**

Mailing Address 6922 HOLLYWOOD BLVD

City  
LOS ANGELESState  
CAZip Code  
90028

Purpose of Disbursement

PHONE SVC

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	1		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.227

Amount of Each Disbursement this Period

12.00

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 133 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. FIRST BANKCARD**

Mailing Address PO BOX 2340

City  
OMAHAState  
NEZip Code  
68103Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
TypeOffice 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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2023			

FEC Identification Number

C

Transaction ID : SB21B.43

Amount of Each Disbursement this Period

183.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 942 S SHADY GROVE RD

City  
MEMPHISState  
TXZip Code  
38120Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
TypeOffice 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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2023			

FEC Identification Number

C

Transaction ID : SB21B.231

Amount of Each Disbursement this Period

171.17

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MYFAX**

Mailing Address 6922 HOLLYWOOD BLVD

City  
LOS ANGELESState  
CAZip Code  
90028Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
TypeOffice 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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2023			

FEC Identification Number

C

Transaction ID : SB21B.230

Amount of Each Disbursement this Period

12.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

183.17

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 134 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. FIRST BANKCARD**

Mailing Address PO BOX 2340

City  
OMAHAState  
NEZip Code  
68103Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
TypeOffice 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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
2023													

FEC Identification Number

C

Transaction ID : SB21B.44

Amount of Each Disbursement this Period

170.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 942 S SHADY GROVE RD

City  
MEMPHISState  
TXZip Code  
38120Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
TypeOffice 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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
2023													

FEC Identification Number

C

Transaction ID : SB21B.234

Amount of Each Disbursement this Period

158.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MYFAX**

Mailing Address 6922 HOLLYWOOD BLVD

City  
LOS ANGELESState  
CAZip Code  
90028Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
TypeOffice 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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
2023													

FEC Identification Number

C

Transaction ID : SB21B.233

Amount of Each Disbursement this Period

12.00

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

170.25

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 135 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. FP1 STRATEGIES LLC**Mailing Address 3001 WASHINGTON BLVD  
7TH FLCity  
ARLINGTONState  
VAZip Code  
22201Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	1			2	0	2	3		

FEC Identification Number

**C**

Transaction ID : SB21B.45

Amount of Each Disbursement this Period

30000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FP1 STRATEGIES LLC**Mailing Address 3001 WASHINGTON BLVD  
7TH FLCity  
ARLINGTONState  
VAZip Code  
22201Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	0			2	0	2	3		

FEC Identification Number

**C**

Transaction ID : SB21B.46

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FP1 STRATEGIES LLC**Mailing Address 3001 WASHINGTON BLVD  
7TH FLCity  
ARLINGTONState  
VAZip Code  
22201Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	4			2	0	2	3		

FEC Identification Number

**C**

Transaction ID : SB21B.47

Amount of Each Disbursement this Period

30000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 136 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. FP1 STRATEGIES LLC**Mailing Address 3001 WASHINGTON BLVD  
7TH FLCity  
ARLINGTONState  
VAZip Code  
22201Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING/TRAVEL

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) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2023			

FEC Identification Number

**C**

Transaction ID : SB21B.48

Amount of Each Disbursement this Period

35409.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HOLTZMAN VOGEL JOSEFIK TORCHINSKY PLLC**

Mailing Address 15405 JOHN MARSHALL HWY

City  
HAYMARKETState  
VAZip Code  
20169Purpose of Disbursement  
LEGAL CONSULTING

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) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			05			2023			

FEC Identification Number

**C**

Transaction ID : SB21B.49

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HOLTZMAN VOGEL JOSEFIK TORCHINSKY PLLC**

Mailing Address 15405 JOHN MARSHALL HWY

City  
HAYMARKETState  
VAZip Code  
20169Purpose of Disbursement  
LEGAL CONSULTING

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) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			03			2023			

FEC Identification Number

**C**

Transaction ID : SB21B.50

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

40409.58



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 137 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. HOLTZMAN VOGEL JOSEFIK TORCHINSKY PLLC**

Mailing Address 15405 JOHN MARSHALL HWY

City  
HAYMARKETState  
VAZip Code  
20169

Purpose of Disbursement

LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.51

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HOLTZMAN VOGEL JOSEFIK TORCHINSKY PLLC**

Mailing Address 15405 JOHN MARSHALL HWY

City  
HAYMARKETState  
VAZip Code  
20169

Purpose of Disbursement

LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.52

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HOLTZMAN VOGEL JOSEFIK TORCHINSKY PLLC**

Mailing Address 15405 JOHN MARSHALL HWY

City  
HAYMARKETState  
VAZip Code  
20169

Purpose of Disbursement

LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.53

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7500.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 138 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. HOLTZMAN VOGEL JOSEFIK TORCHINSKY PLLC**

Mailing Address 15405 JOHN MARSHALL HWY

City  
HAYMARKETState  
VAZip Code  
20169

Purpose of Disbursement

LEGAL CONSULTING

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.54

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HUCKABY DAVIS LISKER**Mailing Address 228 S WASHINGTON ST  
SUITE 115City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

COMPLIANCE CONSULTING

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.55

Amount of Each Disbursement this Period

975.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. INTUIT**

Mailing Address 2632 MARINE WAY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

Purpose of Disbursement

PRINTING

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.56

Amount of Each Disbursement this Period

72.94

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3547.94

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 139 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. MAIANNE SAHL COMPANY, LLC**

Mailing Address 16714 FITZHUGH RD.

City  
DRIPPING SPRINGSState  
TXZip Code  
78620Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
TypeOffice 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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	0					2	0

FEC Identification Number

C

Transaction ID : SB21B.58

Amount of Each Disbursement this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MAIANNE SAHL COMPANY, LLC**

Mailing Address 16714 FITZHUGH RD.

City  
DRIPPING SPRINGSState  
TXZip Code  
78620Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
TypeOffice 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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9				1	0					2	0

FEC Identification Number

C

Transaction ID : SB21B.59

Amount of Each Disbursement this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MAIANNE SAHL COMPANY, LLC**

Mailing Address 16714 FITZHUGH RD.

City  
DRIPPING SPRINGSState  
TXZip Code  
78620Purpose of Disbursement  
FINANCE CONSULTING/TRAVEL

Candidate Name

Category/  
TypeOffice 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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8				1	2					2	0

FEC Identification Number

C

Transaction ID : SB21B.60

Amount of Each Disbursement this Period

20034.12

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

60034.12

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 140 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. MAIANNE SAHL COMPANY, LLC**

Mailing Address 16714 FITZHUGH RD.

City  
DRIPPING SPRINGSState  
TXZip Code  
78620Purpose of Disbursement  
FINANCE CONSULTING/TRAVEL

Candidate Name

Category/  
TypeOffice 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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	0			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.61

Amount of Each Disbursement this Period

44812.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MAIANNE SAHL COMPANY, LLC**

Mailing Address 16714 FITZHUGH RD.

City  
DRIPPING SPRINGSState  
TXZip Code  
78620Purpose of Disbursement  
FINANCE CONSULTING/TRAVEL

Candidate Name

Category/  
TypeOffice 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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	0			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.62

Amount of Each Disbursement this Period

20399.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MAIANNE SAHL COMPANY, LLC**

Mailing Address 16714 FITZHUGH RD.

City  
DRIPPING SPRINGSState  
TXZip Code  
78620Purpose of Disbursement  
FINANCE CONSULTING/TRAVEL

Candidate Name

Category/  
TypeOffice 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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	0			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.63

Amount of Each Disbursement this Period

20182.06

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

85394.54

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 141 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. STRIPE**Mailing Address 185 BERRY ST  
SUITE 550City  
SAN FRANCISCOState  
CAZip Code  
94107Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		/	D	D		/	Y	Y	Y	Y	Y	Y
0	7			0	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.70

Amount of Each Disbursement this Period

72.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**Mailing Address 185 BERRY ST  
SUITE 550City  
SAN FRANCISCOState  
CAZip Code  
94107Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M		/	D	D		/	Y	Y	Y	Y	Y	Y
1	0			2	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.71

Amount of Each Disbursement this Period

43.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TAG LLC**

Mailing Address PO BOX 1243

City  
ALEXANDRIAState  
VAZip Code  
22313Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		/	D	D		/	Y	Y	Y	Y	Y	Y
0	7			1	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.72

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

2616.60

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 142 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. TAG LLC**

Mailing Address PO BOX 1243

City  
ALEXANDRIAState  
VAZip Code  
22313Purpose of Disbursement  
FINANCE CONSULTING

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) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.73

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TAG LLC**

Mailing Address PO BOX 1243

City  
ALEXANDRIAState  
VAZip Code  
22313Purpose of Disbursement  
FINANCE CONSULTING

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) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.74

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TAG LLC**

Mailing Address PO BOX 1243

City  
ALEXANDRIAState  
VAZip Code  
22313Purpose of Disbursement  
FINANCE CONSULTING

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) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.75

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

7500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 143 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. TAG LLC**

Mailing Address PO BOX 1243

City  
ALEXANDRIAState  
VAZip Code  
22313Purpose of Disbursement  
FINANCE CONSULTING

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) ▼		

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.76

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TAG LLC**

Mailing Address PO BOX 1243

City  
ALEXANDRIAState  
VAZip Code  
22313Purpose of Disbursement  
FINANCE CONSULTING

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) ▼		

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.77

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. VULCAN MATERIALS COMPANY**

Mailing Address 1200 URBAN CENTER DR

City  
VESTAVIA HILLSState  
ALZip Code  
35242Purpose of Disbursement  
AIR CHARTER 9-10-23

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) ▼		

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.78

Amount of Each Disbursement this Period

1956.40

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

6956.40

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 144 OF 153

☒ 21b    ☐ 22    ☐ 23    ☐ 26    ☐ 27  
☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.79

Amount of Each Disbursement this Period

216.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	2		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.80

Amount of Each Disbursement this Period

236.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	4		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.81

Amount of Each Disbursement this Period

19.70

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

472.80



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 145 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.82

Amount of Each Disbursement this Period

19.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.83

Amount of Each Disbursement this Period

19.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.84

Amount of Each Disbursement this Period

157.60

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

197.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 146 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.85

Amount of Each Disbursement this Period

59.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.86

Amount of Each Disbursement this Period

98.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.87

Amount of Each Disbursement this Period

197.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

354.60

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 147 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.88

Amount of Each Disbursement this Period

315.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.89

Amount of Each Disbursement this Period

137.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.90

Amount of Each Disbursement this Period

669.80

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1122.90

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 148 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.91

Amount of Each Disbursement this Period

157.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.92

Amount of Each Disbursement this Period

236.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.93

Amount of Each Disbursement this Period

19.70

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

413.70

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 149 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.94

Amount of Each Disbursement this Period

19.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	0			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.95

Amount of Each Disbursement this Period

98.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.96

Amount of Each Disbursement this Period

98.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

216.70

# **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)

PAGE 150 OF 153

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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)

**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219

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 Y Y  
12 / 18 / 2023

FEC Identification Number

**C**

**Transaction ID : SB21B.97**

Amount of Each Disbursement this Period

19.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219

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 Y Y  
12 / 26 / 2023

FEC Identification Number

**C**

**Transaction ID : SB21B.98**

Amount of Each Disbursement this Period

19.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DISTILLED SPIRITS COUNCIL OF THE UNITED STATES INC POLITICAL**

Mailing Address 1250 EYE ST NW STE 400

City  
WASHINGTON

State  
DC

Zip Code  
20005-5977

Purpose of Disbursement  
IN-KIND CONTRIBUTION

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 Y Y  
12 / 19 / 2023

FEC Identification Number

**C** C00030734

**Transaction ID : SB21B.61218**

Amount of Each Disbursement this Period

754.46

☐ Memo Item IN KIND FOOD AND BEVERAGE

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

793.86

405968.56

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 151 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. JIM JUSTICE FOR US SENATE**Mailing Address 3501 MACCORKLE AVE SE  
#131City  
CHARLESTONState  
WVZip Code  
25304Purpose of Disbursement  
COMMITTEE CONTRIBUTION

Candidate Name

JUSTICE, JIM, , GOV,

Office Sought:

<input type="checkbox"/> House
<input checked="" type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2024

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WV

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2023

FEC Identification Number

C

Transaction ID : SB23.4

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SAM BROWN FOR NEVADA**

Mailing Address PO BOX 750844

City  
LAS VEGASState  
NVZip Code  
89136Purpose of Disbursement  
COMMITTEE CONTRIBUTION

Candidate Name

BROWN, SAM, , ,

Office Sought:

<input type="checkbox"/> House
<input checked="" type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2024

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NV

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2023

FEC Identification Number

C

Transaction ID : SB23.1

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. NRSC TARGETED STATE VICTORY FUND**Mailing Address 228 S WASHINGTON ST  
SUITE 115City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
COMMITTEE CONTRIBUTION

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2023

FEC Identification Number

C

Transaction ID : SB23.2

Amount of Each Disbursement this Period

50000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 152 OF 153

<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

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. BE VICTORIOUS OVER DEMOCRATS PAC**

Mailing Address PO BOX 630167

City  
IRVINGState  
TXZip Code  
75063Purpose of Disbursement  
COMMITTEE CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	2		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB23.3

Amount of Each Disbursement this Period

1000.00

☐ 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)

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	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) ▼

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	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)..... ►

1000.00

61000.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 153 OF 153

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

Alamo PAC

Full Name (Last, First, Middle Initial)

**A. Charlie Geren Campaign**

Mailing Address PO BOX 1440

City  
FORT WORTHState  
TXZip Code  
76101Purpose of Disbursement  
NON FEDERAL IN KIND

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) ▼		

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2023

FEC Identification Number

C

Transaction ID : SB29.100

Amount of Each Disbursement this Period

457.80

☒ Memo Item IN KIND TRAVEL: AMERICAN  
AIRLINES 4333 AMON CARTER  
BI VD FT WORTH TX 76155

Full Name (Last, First, Middle Initial)

**B. Charlie Geren Campaign**

Mailing Address PO BOX 1440

City  
FORT WORTHState  
TXZip Code  
76101Purpose of Disbursement  
NON FEDERAL IN KIND

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)		

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2023

FEC Identification Number

C

Transaction ID : SB29.100\_B

Amount of Each Disbursement this Period

352.21

☒ Memo Item IN KIND TRAVEL: OMNI 1300  
HOUSTON TX 76102

Full Name (Last, First, Middle Initial)

**C. TYRF**

Mailing Address 2604 BRIGHT ROCK LANE

City  
CONROEState  
TXZip Code  
77304Purpose of Disbursement  
NON-FEDERAL DONATION

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) ▼		

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2023

FEC Identification Number

C

Transaction ID : SB29.1

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)..... ►

5000.00

5000.00