

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

TAKING OUR MAJORITY PAC (T.O.M.PAC)

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---------------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2022"/> | <input type="text" value="11955.40"/> | <input type="text" value="11955.40"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="8504.77"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="7309.61"/> | <input type="text" value="17309.63"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="15814.38"/> | <input type="text" value="29265.03"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="3030.00"/> | <input type="text" value="16480.65"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="12784.38"/> | <input type="text" value="12784.38"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

TAKING OUR MAJORITY PAC (T.O.M.PAC)

Report Covering the Period: From: 10 / 01 / 2022 To: 10 / 19 / 2022

| 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)..... | 5000.00 | 15000.00 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 5000.00 | 15000.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 2309.61 | 2309.63 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 7309.61 | 17309.63 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 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)).....▶ | 7309.61 | 17309.63 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 7309.61 | 17309.63 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 130.00 | 2880.65 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 130.00 | 2880.65 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 2900.00 | 13600.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 0.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 3030.00 | 16480.65 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 3030.00 | 16480.65 |

DETAILED SUMMARY PAGE
of Disbursements

| 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) | 7309.61 | 17309.63 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 7309.61 | 17309.63 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 130.00 | 2880.65 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 130.00 | 2880.65 |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

JFC intermediary transactions

Form/Schedule:
Transaction ID:

**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 19 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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)
TAKING OUR MAJORITY PAC (T.O.M.PAC)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SHINGLE SPRINGS BAND MIWOK IND, ., ., .

Mailing Address P. O. BOX 1340

| | | |
|-------------------------|-------------|-------------------|
| City SHINGLE SPRINGS | State CA | Zip Code 95682 |
|-------------------------|-------------|-------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) SOVEREIGN NATION | Occupation (for Individual) INDIAN TRIBE |
|---|---|

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 | / | 13 | / | 2022 |

Transaction ID : IA148

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Receipt this Period

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 5000.00 |
| 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: (check only one) | PAGE 8 OF 19 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
TAKING OUR MAJORITY PAC (T.O.M.PAC)

A. MCCLINTOCK JFC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9458 TREELAKE RD.

| | | |
|---------------------|-------------|-------------------|
| City GRANITE BAY | State CA | Zip Code 95746 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00817098

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2309.61

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 08 | | 2022 |

Transaction ID : IA153

Amount of Each Receipt this Period
2309.59

Memo Item

B. MCCLINTOCK JFC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9458 TREELAKE RD.

| | | |
|---------------------|-------------|-------------------|
| City GRANITE BAY | State CA | Zip Code 95746 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00817098

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2309.61

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 13 | | 2022 |

Transaction ID : IA152

Amount of Each Receipt this Period
0.01

Memo Item

C. PIPKIN, CHESTER, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 W WALNUT ST.

| | | |
|-----------------|-------------|-------------------|
| City Compton | State CA | Zip Code 90220 |
|-----------------|-------------|-------------------|

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

Name of Employer (for Individual) Occupation (for Individual)
Belkin International Corporation President / CEO

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2100.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 13 | | 2022 |

Transaction ID : DA5

Amount of Each Receipt this Period
2100.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2309.60 |
| TOTAL This Period (last page this line number only)..... | |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C
Transaction ID : IA153

TRANSFER FROM JFA - SOURCES DISCLOSED IN PRIOR PERIOD

Form/Schedule: SA11C
Transaction ID: DA5

TRANSFER FROM JFA

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

| | | | |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 10 OF 19 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
TAKING OUR MAJORITY PAC (T.O.M.PAC)

A. PIPKIN, JANICE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 Beach Club Drive, Unit 124

| | | |
|-------------------|-------------|-------------------|
| City STATELINE | State NV | Zip Code 89449 |
|-------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) N/A | Occupation (for Individual) NOT EMPLOYED |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 13 | / | 2022 |

Transaction ID : DA6

Amount of Each Receipt this Period
2100.00

Memo Item

B. MCCLINTOCK SCHWEIKERT JFC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9458 TREELAKE RD.

| | | |
|---------------------|-------------|-------------------|
| City GRANITE BAY | State CA | Zip Code 95746 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00824102

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.02

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 19 | / | 2022 |

Transaction ID : IA155

Amount of Each Receipt this Period
0.01

Memo Item

C. HILTON, STEVE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6893 EAST CACTUS WREN RD.

| | | |
|-------------------------|-------------|-------------------|
| City PARADISE VALLEY | State AZ | Zip Code 85233 |
|-------------------------|-------------|-------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) MERITAGE HOMES | Occupation (for Individual) EXECUTIVE |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1666.66

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 02 | / | 2022 |

Transaction ID : DA14

Amount of Each Receipt this Period
1666.66

Memo Item

| | |
|---|------|
| SUBTOTAL of Receipts This Page (optional)..... | 0.01 |
| TOTAL This Period (last page this line number only)..... | |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : DA6

TRANSFER FROM JFA

Form/Schedule: SA11C

Transaction ID: IA155

TRANSFER FROM JFC

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : DA14

TRANSFER FROM JFC

Form/Schedule:

Transaction ID:

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

| | | | |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 13 OF 19 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
TAKING OUR MAJORITY PAC (T.O.M.PAC)

A. BLAIRE, MICHAEL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10921 NORTH 140TH WAY

| | | |
|--------------------|-------------|-------------------|
| City SCOTTSDALE | State AZ | Zip Code 85259 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee.

| | |
|---|---|
| Name of Employer (for Individual) WEDGEWOOD PHARMACY | Occupation (for Individual) PHARMACIST |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : DA13

Amount of Each Receipt this Period

Memo Item

B. JOVICIC, DUSKO, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8600 EAST SAN ARDO DR.

| | | |
|--------------------|-------------|-------------------|
| City SCOTTSDALE | State AZ | Zip Code 85258 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee.

| | |
|---|---|
| Name of Employer (for Individual) SELF | Occupation (for Individual) ENTREPRENEUR |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : DA12

Amount of Each Receipt this Period

Memo Item

C. BUCHWALTER, EDWARD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2233 102ND PL. S.E.

| | | |
|------------------|-------------|-------------------|
| City BELLEVUE | State WA | Zip Code 98004 |
|------------------|-------------|-------------------|

FEC ID number of contributing federal political committee.

| | |
|--|---|
| Name of Employer (for Individual) MEDICI ARCHITECTS | Occupation (for Individual) ENGINEER |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : DA16

Amount of Each Receipt this Period

Memo Item

| | |
|---|-----------------------------------|
| SUBTOTAL of Receipts This Page (optional)..... | <input type="text" value="0.00"/> |
| TOTAL This Period (last page this line number only)..... | <input type="text" value=""/> |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : DA13

TRANSFER FROM JFC

Form/Schedule: SA11C

Transaction ID: DA12

TRANSFER FROM JFC

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : DA16

TRANSFER FROM JFC

Form/Schedule:

Transaction ID:

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

| | | | |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 16 OF 19 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
TAKING OUR MAJORITY PAC (T.O.M.PAC)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EK, WILLIAM, , ,

Mailing Address 2667 CARNELIAN CIR.

| | | |
|-------------------------|-------------|-------------------|
| City EL DORADO HILLS | State CA | Zip Code 95762 |
|-------------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) N/A | Occupation (for Individual) NOT EMPLOYED |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
62.50

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 08 | | 2022 |

Transaction ID : DA15

Amount of Each Receipt this Period
62.50

Memo Item

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

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Receipt this Period

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | 2309.61 |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : DA15

TRANSFER FROM JFC

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
TAKING OUR MAJORITY PAC (T.O.M.PAC)

A. DAVID, BAUER, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 9458 TREELAKE RD.

City GRANITE BAY State CA Zip Code 95746

Purpose of Disbursement ACCOUNTING SVC. Category/Type 001

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 12 / 2022

FEC Identification Number: C

Transaction ID : EB146

Amount of Each Disbursement this Period: 130.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 130.00 |
| TOTAL This Period (last page this line number only).....▶ | 130.00 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
TAKING OUR MAJORITY PAC (T.O.M.PAC)

A. JOHN DUARTE FOR CONGRESS

Full Name (Last, First, Middle Initial)
Date of Disbursement: / /

Mailing Address 9460 TEGNER RD.

City HILMAR State CA Zip Code 95324

Purpose of Disbursement Category/Type

Candidate Name **DUARTE, JOHN, , ,**

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

FEC Identification Number **C** C00808279
Transaction ID : **EB147**
Amount of Each Disbursement this Period
 Memo Item

State: CA District: 03

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

FEC Identification Number **C**

Amount of Each Disbursement this Period

State: District:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

FEC Identification Number **C**

Amount of Each Disbursement this Period

State: District:

Memo Item

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | <input type="text" value="2900.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value="2900.00"/> |