

# 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**  
**True North PAC**

ADDRESS (number and street) **901 N Washington St, Suite 700**  
Check if different than previously reported. (ACC) **Alexandria VA 22314**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00571000** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  **11** /  **08** /  **2022** in the State of  **AK**

5. Covering Period  **10** /  **20** /  **2022** through  **11** /  **28** /  **2022**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Koch, Timothy A., , ,  
Type or Print Name of Treasurer

Signature of Treasurer Koch, Timothy A., , , [Electronically Filed] Date  **12** /  **08** /  **2022**

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

True North 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"/>		317695.05
(b) Cash on Hand at Beginning of Reporting Period.....	198559.08	
(c) Total Receipts (from Line 19) .....	49250.00	409959.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	247809.08	727654.27
7. Total Disbursements (from Line 31).....	42095.03	521940.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	205714.05	205714.05
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) .....	14025.00	

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

**True North PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9250.00	109250.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9250.00	109250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	40000.00	297000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	49250.00	406250.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	3100.00
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	609.22
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)).....▶	49250.00	409959.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	49250.00	409959.22

**DETAILED SUMMARY PAGE**

of Disbursements

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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 .....	13195.03	275040.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	13195.03	275040.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28900.00	241400.00
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	500.00
(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	500.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	5000.00
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)) ..	42095.03	521940.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42095.03	521940.22

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	49250.00	406250.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49250.00	405750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	13195.03	275040.22
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	609.22
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	13195.03	274431.00

**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 6 OF 20
<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)  
**True North PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Anderson, John, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 07 / 2022
Mailing Address 24 East Masonic View Ave		<b>Transaction ID : SA11AI.8774</b>
City Alexandria	State VA	Zip Code 22301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Rich Feuer Anderson	Occupation (for Individual) Consultant	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Arison, Micky, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 04 / 2022
Mailing Address 2 Alhambra Plz, Suite 1040		<b>Transaction ID : SA11AI.8768</b>
City Coral Gables	State FL	Zip Code 33134
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer (for Individual) Carnival Cruise Lines	Occupation (for Individual) Executive	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Gilman, Bradley, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 31 / 2022
Mailing Address 405 Talahi Road SE		<b>Transaction ID : SA11AI.8745</b>
City Vienna	State VA	Zip Code 22180
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Hoffman Silver Gilman & Biasco	Occupation (for Individual) Attorney	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**True North PAC**

**A. Hunt, Woody, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 12667  
 City El Paso State TX Zip Code 79913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Hunt Companies, Inc Senior Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 11 / 03 / 2022  
**Transaction ID : SA11AI.8765**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item Contribution

**B. Kneuer, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4763 Berkeley Terrace NW  
 City Washington State DC Zip Code 20007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 JKC Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 11 / 10 / 2022  
**Transaction ID : SA11AI.8776**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item Contribution

**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  
 / /  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6000.00
<b>TOTAL</b> This Period (last page this line number only).....	9250.00

**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 20
<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)  
**True North PAC**

<b>A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</b> APOLLO EDUCATION GROUP INC. POLITICAL ORGANIZATION FOR LEGISLATIVE LEADERSHIP		Date of Receipt M M / D D / Y Y Y Y 11 / 02 / 2022 <b>Transaction ID : SA11C.8759</b>
Mailing Address 4025 S. RIVERPOINT PKWY MS CF-KX10		Amount of Each Receipt this Period 500.00
City PHOENIX	State AZ	Zip Code 85040
FEC ID number of contributing federal political committee. <b>C</b> C00309781		<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) Occupation (for Individual)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</b> CAPITAL ONE FINANCIAL CORP. ASSOC. POLITICAL FUND		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2022 <b>Transaction ID : SA11C.8742</b>
Mailing Address 1600 CAPITAL ONE DRIVE		Amount of Each Receipt this Period 3500.00
City MCLEAN	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. <b>C</b> C00326595		<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) Occupation (for Individual)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00	

<b>C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</b> CHARTER COMMUNICATIONS INC. POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2022 <b>Transaction ID : SA11C.8740</b>
Mailing Address 400 ATLANTIC STREET 10TH FLOOR		Amount of Each Receipt this Period 5000.00
City STAMFORD	State CT	Zip Code 06901
FEC ID number of contributing federal political committee. <b>C</b> C00426775		<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) Occupation (for Individual)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9000.00
<b>TOTAL</b> This Period (last page this line number only).....	9000.00



**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 9 OF 20
<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)  
**True North PAC**

**A. I.P.H.F.H.A. INC. POLITICAL ACTION COMMITTEE INC.**

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

Mailing Address 7829 E. ROCKHILL #201

City WICHITA	State KS	Zip Code 67206
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FEC ID number of contributing federal political committee. **C** C00251447

Name of Employer (for Individual)	Occupation (for Individual)
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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
11	/	02	/	2022

**Transaction ID : SA11C.8761**

Amount of Each Receipt this Period  
1500.00

Memo Item Contribution

**B. JPMORGAN CHASE & CO. FEDERAL POLITICAL ACTION COMMITTEE**

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

Mailing Address 601 PENNSYLVANIA AVENUE, NW  
7TH FLOOR

City WASHINGTON	State DC	Zip Code 20004
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FEC ID number of contributing federal political committee. **C** C00104299

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	/	24	/	2022

**Transaction ID : SA11C.8741**

Amount of Each Receipt this Period  
5000.00

Memo Item Contribution

**C. LEIDOS INC. POLITICAL ACTION COMMITTEE**

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

Mailing Address 301 LABORATORY ROAD

City OAK RIDGE	State TN	Zip Code 37830
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FEC ID number of contributing federal political committee. **C** C00546234

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	/	08	/	2022

**Transaction ID : SA11C.8772**

Amount of Each Receipt this Period  
5000.00

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 20
<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)  
**True North PAC**

**A. NATIONAL ASSOCIATION OF CONVENIENCE STORES POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1600 DUKE STREET

City ALEXANDRIA	State VA	Zip Code 22314
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FEC ID number of contributing federal political committee. **C** C00126763

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
10	/	31	/	2022

**Transaction ID : SA11C.8746**

Amount of Each Receipt this Period  
2500.00

Memo Item Contribution

**B. T-MOBILE USA, INC. POLITICAL ACTION COMMITTEE (T-PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 601 PENNSYLVANIA AVENUE NW  
SUITE 800 NORTH BLDG.

City WASHINGTON	State DC	Zip Code 20004
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FEC 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 ▼  
4500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
11	/	02	/	2022

**Transaction ID : SA11C.8763**

Amount of Each Receipt this Period  
4500.00

Memo Item Contribution

**C. THE COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 701 PENNSYLVANIA AVENUE, NW  
SUITE 750

City WASHINGTON	State DC	Zip Code 20004
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FEC ID number of contributing federal political committee. **C** C00039578

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
11	/	04	/	2022

**Transaction ID : SA11C.8771**

Amount of Each Receipt this Period  
5000.00

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 20
<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)  
**True North PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**UNITEDHEALTH GROUP INCORPORATED PAC (UNITEDHEALTH GROUP PAC)**

Mailing Address 701 PENNSYLVANIA AVE, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00274431

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 04 / 2022

**Transaction ID : SA11C.8769**

Amount of Each Receipt this Period  
5000.00

Memo Item Contribution

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 805 FIFTEENTH ST NW SUITE 430

City WASHINGTON State DC Zip Code 20005

FEC 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 ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 31 / 2022

**Transaction ID : SA11C.8748**

Amount of Each Receipt this Period  
2500.00

Memo Item Contribution

**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 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	40000.00

**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 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)  
**True North PAC**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2022	
Mailing Address PO Box 650448		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8781</b> Amount of Each Disbursement this Period 381.34	
City Dallas	State TX	Zip Code 75265	Category/ Type
Purpose of Disbursement Credit Card Payment: See Memos			
Candidate Name		Memo Item <input type="checkbox"/>	
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>B. American Express</b>		Date of Disbursement MM / DD / YYYY 10 / 21 / 2022	
Mailing Address PO Box 650448		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8781.C</b> Amount of Each Disbursement this Period - 83.64	
City Dallas	State TX	Zip Code 75265	Category/ Type
Purpose of Disbursement Vendor Rebate			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
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>C. Bistro Cacao</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2022	
Mailing Address 320 Massachusetts Ave., NE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8781.</b> Amount of Each Disbursement this Period 200.00	
City Washington	State DC	Zip Code 20002	Category/ Type
Purpose of Disbursement Food & Beverage			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	381.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**True North PAC**

**A. Marine Memorial Club & Hotel**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 609 Sutter Street

M	M	/	D	D	/	Y	Y	Y	Y
10			12			2022			

City  
San Fransico

State  
CA

Zip Code  
94102

FEC Identification Number

Purpose of Disbursement  
Lodging

C [ ]

**Transaction ID : SB21B.8781.;**  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

[ ] 264.98

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

**B. Anedot**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1340 Poydras St  
Suite 1770

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2022			

City  
New Orleans

State  
LA

Zip Code  
70112

FEC Identification Number

Purpose of Disbursement  
Credit Card Processing

C [ ]

**Transaction ID : SB21B.8739**  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

[ ] 195.30

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

**C. Anedot**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1340 Poydras St  
Suite 1770

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2022			

City  
New Orleans

State  
LA

Zip Code  
70112

FEC Identification Number

Purpose of Disbursement  
Credit Card Processing

C [ ]

**Transaction ID : SB21B.8794**  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

[ ] 19.80

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[ ] 215.10

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

[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**True North PAC**

**A. Anedot**

Full Name (Last, First, Middle Initial)

Mailing Address 1340 Poydras St  
Suite 1770

City New Orleans State LA Zip Code 70112

Purpose of Disbursement Credit Card Processing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 15 / 2022

FEC Identification Number: C

Transaction ID : SB21B.8793

Amount of Each Disbursement this Period: 39.30

Memo Item

**B. Black Rock Group LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 66 Canal Center Plaza  
Ste 500

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 03 / 2022

FEC Identification Number: C

Transaction ID : SB21B.8766

Amount of Each Disbursement this Period: 2000.00

Memo Item

**C. Fathom Strategic Communications**

Full Name (Last, First, Middle Initial)

Mailing Address 2001 Atwood Dr.

City Anchorage State AK Zip Code 99517

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 03 / 2022

FEC Identification Number: C

Transaction ID : SB21B.8767

Amount of Each Disbursement this Period: 1500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3539.30

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**True North PAC**

Full Name (Last, First, Middle Initial) <b>A. Koch &amp; Hoos, LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2022
Mailing Address 901 N. Washington St. Suite 700		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8758</b>
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Accounting/Compliance Services		Amount of Each Disbursement this Period [ ] 1345.29
Candidate Name		Memo Item <input type="checkbox"/>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Koch &amp; Hoos, LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 21 / 2022
Mailing Address 901 N. Washington St. Suite 700		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8786</b>
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Accounting/Compliance Services		Amount of Each Disbursement this Period [ ] 1277.26
Candidate Name		Memo Item <input type="checkbox"/>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Koch &amp; Hoos, LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 21 / 2022
Mailing Address 901 N. Washington St. Suite 700		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8787</b>
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Accounting/Compliance Services		Amount of Each Disbursement this Period [ ] 1250.00
Candidate Name		Memo Item <input type="checkbox"/>
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 3872.55
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**True North PAC**

Full Name (Last, First, Middle Initial) <b>A. Maybell Group, LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 15 / 2022	
Mailing Address PO Box 461798		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8785</b> Amount of Each Disbursement this Period 3750.00	
City Aurora	State CO	Zip Code 80046	Category/ Type
Purpose of Disbursement Fundraising Consulting			
Candidate Name		Memo Item <input type="checkbox"/>	
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>B. Rizzo, Laura, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2022	
Mailing Address 8079 Cannonball Ridge Lane		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8777</b> Amount of Each Disbursement this Period 1370.74	
City Warrenton	State VA	Zip Code 20186	Category/ Type
Purpose of Disbursement Expense Reimbursement: See Memo			
Candidate Name		Memo Item <input type="checkbox"/>	
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>C. Belle Haven Country Club</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2022	
Mailing Address 6023 Fort Hunt Road		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8777.</b> Amount of Each Disbursement this Period 1370.74	
City Alexandria	State VA	Zip Code 22307	Category/ Type
Purpose of Disbursement Golf Expense/Food & Beverage			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5120.74
<b>TOTAL</b> This Period (last page this line number only).....▶	13129.03





**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)  
**True North PAC**

Full Name (Last, First, Middle Initial) <b>A. LAXALT VICTORY COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 11 / 01 / 2022
Mailing Address 50 S JONES BLVD #201		FEC Identification Number C00802371 <b>Transaction ID : SB23.8753</b> Amount of Each Disbursement this Period 5000.00
City LAS VEGAS	State NV	Zip Code 89107
Purpose of Disbursement Contribution to JFC		Category/ Type
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:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) <b>B. LISA MURKOWSKI FOR US SENATE</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2022
Mailing Address PO BOX 100847		FEC Identification Number C00384529 <b>Transaction ID : SB23.8723</b> Amount of Each Disbursement this Period 5000.00
City ANCHORAGE	State AK	Zip Code 99510
Purpose of Disbursement Contribution		Category/ Type
Candidate Name MURKOWSKI, LISA, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AK District: 00	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) <b>C. LISA MURKOWSKI FOR US SENATE</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2022
Mailing Address PO BOX 100847		FEC Identification Number C00384529 <b>Transaction ID : SB23.8725</b> Amount of Each Disbursement this Period - 5000.00
City ANCHORAGE	State AK	Zip Code 99510
Purpose of Disbursement VOID: Orig. issued on 9/7/2022		Category/ Type
Candidate Name MURKOWSKI, LISA, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AK District: 00	Memo Item <input type="checkbox"/>	

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5000.00

**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)  
**True North PAC**

**A. MAX MILLER FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
MAX MILLER FOR CONGRESS

Mailing Address 19525 HILLIARD BLVD #16010

City ROCKY RIVER State OH Zip Code 44116

Purpose of Disbursement Contribution

Candidate Name MILLER, MAX, , ,

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: OH District: 07

Date of Disbursement: 10 / 20 / 2022

FEC Identification Number: C00770818  
Transaction ID : SB23.8729

Amount of Each Disbursement this Period: 2900.00

Memo Item

**B. MULLIN FOR AMERICA**

Full Name (Last, First, Middle Initial)  
MULLIN FOR AMERICA

Mailing Address PO BOX 3681

City MUSKOGEE State OK Zip Code 74402

Purpose of Disbursement Contribution

Candidate Name MULLIN, MARKWAYNE, , ,

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: OK District: 00

Date of Disbursement: 10 / 20 / 2022

FEC Identification Number: C00498345  
Transaction ID : SB23.8732

Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. YVETTE4CONGRESS**

Full Name (Last, First, Middle Initial)  
YVETTE4CONGRESS

Mailing Address 1111 10TH ST # 404

City ALAMOGORDO State NM Zip Code 88310

Purpose of Disbursement Contribution

Candidate Name HERRELL, STELLA YVETTE, , ,

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: NM District: 02

Date of Disbursement: 10 / 20 / 2022

FEC Identification Number: C00655571  
Transaction ID : SB23.8726

Amount of Each Disbursement this Period: 5000.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	12900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	28900.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 20
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**True North PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Rizzo Dukes Group LLC</b>			Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 8079 Cannonball Ridge Ln			
City Warrenton	State VA	Zip Code 20186	

Outstanding Balance Beginning This Period		Transaction ID : SD10.8801	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
14025.00	0.00	14025.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	14025.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	14025.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	14025.00