

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

AMERICAN GRIT 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="27932.34"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="102603.17"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1100.00"/>	<input type="text" value="82535.87"/>
(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="103703.17"/>	<input type="text" value="110468.21"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="32627.93"/>	<input type="text" value="39392.97"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="71075.24"/>	<input type="text" value="71075.24"/>
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
AMERICAN GRIT 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).....	1000.00	21900.00
(ii) Unitemized	100.00	625.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1100.00	22525.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1100.00	32525.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	50010.87
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)).....▶	1100.00	82535.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1100.00	82535.87

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	10127.93	11892.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	10127.93	11892.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	22500.00
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	5000.00	5000.00
(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)).....	5000.00	5000.00
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)) ..	32627.93	39392.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32627.93	39392.97

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)	1100.00	32525.00
34. Total Contribution Refunds (from Line 28(d))	5000.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	- 3900.00	27525.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	10127.93	11892.97
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	10127.93	11892.97

**SCHEDULE A (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 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN GRIT PAC

A. CASTLEMAN, DEBORAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14629 HILLTREE RD
 City SANTA MONICA State CA Zip Code 90402-1009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED
 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
 05 / 13 / 2022
Transaction ID : A96B598C0C48E4199AE5
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. MCCOY, BRANDON, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1988 NW KELLY LANE
 City JASPER State FL Zip Code 32052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PATRIOT Occupation (for Individual) INSURANCE
 Receipt For: 2022 Primary General Other (specify) ▼ ANNUAL
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2022
Transaction ID : ACF7412E954524B8E863
 Amount of Each Receipt this Period
 2900.00
 Memo Item

C. MCCOY, BRANDON, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1988 NW KELLY LANE
 City JASPER State FL Zip Code 32052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PATRIOT Occupation (for Individual) INSURANCE
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2022
Transaction ID : AD23D66CA344D4F848BD
 Amount of Each Receipt this Period
 - 400.00
 Memo Item
 REATTRIBUTION FROM MEMO
 REATTRIBUTION FROM

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line 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 7 OF 13
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN GRIT PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCOY, ASHLEY, D., ,

Mailing Address 1087 GREEN PINE CIR

City ORANGE PARK	State FL	Zip Code 32065-2568
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	14	/	2022

Transaction ID : A623CB2D07D4140C1A3E

Amount of Each Receipt this Period
400.00

Memo Item
REATTRIBUTION TO MEMO

REATTRIBUTION TO

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).....	1000.00

**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)
AMERICAN GRIT PAC

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST
SUITE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement
PAC CC TRANSACTION FEES

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B85C851920C
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST
SUITE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement
PAC CC TRANSACTION FEES

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B2193247859
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. ASCENT STRATEGIC

Mailing Address PO BOX 80219

City CHARLESTON State SC Zip Code 29416-0219

Purpose of Disbursement
PAC DIGITAL MARKETING

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : BAB1C37B5I
Amount of Each Disbursement this Period

Memo Item

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

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)
AMERICAN GRIT PAC

Full Name (Last, First, Middle Initial)

A. G&G CONSULTING & STRATEGY GROUP

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	7		2	0	2	2

Mailing Address 1601 N MAIN ST
STE 3159

City
JACKSONVILLE

State
FL

Zip Code
32206-4401

FEC Identification Number

C []

Transaction ID : B07E6227443
Amount of Each Disbursement this Period

[] 5980.00

Memo Item

Purpose of Disbursement
PAC FUNDRAISING CONSULTING

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Mailing Address

City

State

Zip Code

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

Purpose of Disbursement

[]
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Mailing Address

City

State

Zip Code

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

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

[] 5980.00

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

[] 10107.93

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN GRIT PAC

Full Name (Last, First, Middle Initial) A. CATALINA FOR CONGRESS		Date of Disbursement MM / DD / YYYY 05 / 25 / 2022
Mailing Address PO BOX 43		FEC Identification Number C C00770347 Transaction ID : B3AEEDB444
City WOODSTOCK	State IL	Zip Code 60098-0043
Purpose of Disbursement CONTRIBUTION		011 Category/ Type
Candidate Name LAUF, CATALINA, , ,		Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 11	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. COMMITTEE TO ELECT JENNIFER-RUTH GREEN		Date of Disbursement MM / DD / YYYY 05 / 25 / 2022
Mailing Address PO BOX 243		FEC Identification Number C C00782797 Transaction ID : B4553A1DEE
City CROWN POINT	State IN	Zip Code 46308-0243
Purpose of Disbursement CONTRIBUTION		011 Category/ Type
Candidate Name GREEN, JENNIFER-RUTH, , ,		Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input 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: IN District: 01	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. IOWANS FOR ZACH NUNN		Date of Disbursement MM / DD / YYYY 05 / 25 / 2022
Mailing Address PO BOX 11		FEC Identification Number C C00784389 Transaction ID : B4F9DF989F
City BONDURANT	State IA	Zip Code 50035-0011
Purpose of Disbursement CONTRIBUTION		011 Category/ Type
Candidate Name NUNN, ZACH, , ,		Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 03	<input type="checkbox"/> 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 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)
AMERICAN GRIT PAC

A. MAYRA FLORES FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 516

M M M	/	D D D	/	Y Y Y Y Y
05		18		2022

City
LOS INDIOS

State
TX

Zip Code
78567-0516

FEC Identification Number

Purpose of Disbursement
CONTRIBUTION

011
Category/ Type

C C00768994
Transaction ID : BB6A70301E

Candidate Name

FLORES, MAYRA, NOHEMI, ,

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) **SPECIAL GENERAL**

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MONICA FOR CONGRESS

Date of Disbursement

Mailing Address 1317 W FRONTAGE RD
STE A

M M M	/	D D D	/	Y Y Y Y Y
05		25		2022

City
ALAMO

State
TX

Zip Code
78516-2389

FEC Identification Number

Purpose of Disbursement
CONTRIBUTION

011
Category/ Type

C C00765719
Transaction ID : B3E29C8790E

Candidate Name

DE LA CRUZ, MONICA, , ,

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SCHELLER FOR CONGRESS, INC.

Date of Disbursement

Mailing Address PO BOX 3855

M M M	/	D D D	/	Y Y Y Y Y
05		25		2022

City
ALLENTOWN

State
PA

Zip Code
18106-0855

FEC Identification Number

Purpose of Disbursement
CONTRIBUTION

011
Category/ Type

C C00722892
Transaction ID : BD348D8F85

Candidate Name

SCHELLER, LISA, , ,

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) **SPECIAL GENERAL**

2500.00

Memo Item

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

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

7500.00

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**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)
AMERICAN GRIT PAC

A. TEXANS FOR MORGAN LUTTRELL

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1245

City MAGNOLIA State TX Zip Code 77353-1245

Purpose of Disbursement CONTRIBUTION

Candidate Name LUTTRELL, MORGAN, JOE, ,

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

State: TX District: 08

Date of Disbursement: 05 / 25 / 2022

FEC Identification Number: C00781112
Transaction ID : B46A3E6EE0
Amount of Each Disbursement this Period: 2500.00

Category/Type: 011

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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:

Category/Type:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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:

Category/Type:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	17500.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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)
AMERICAN GRIT PAC

Full Name (Last, First, Middle Initial) A. DUNLAP, JUDITH, A, ,		Date of Disbursement M M / D D / Y Y Y Y Y Y 05 / 14 / 2022	
Mailing Address 2180 SW 55TH STREET RD			
City Ocala	State FL	Zip Code 34471-0132	
Purpose of Disbursement REFUND		Category/Type 010	
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:	Amount of Each Disbursement this Period 5000.00		
<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		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:	Amount of Each Disbursement this Period		
<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		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:	Amount of Each Disbursement this Period		
<input type="checkbox"/> Memo Item			

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

5000.00

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

5000.00