

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

E-PAC

ADDRESS (number and street) PO BOX 500

Check if different than previously reported. (ACC) GLEN FALLS NY 12801

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00570945

3. IS THIS REPORT NEW OR AMENDED (N) (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)
[X] January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11) (Non-Election Year Only), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12) (Non-Election Year Only), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 12 / 12 / 2023 through 12 / 31 / 2023

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer HOBBS, CABELL, , ,

Signature of Treasurer HOBBS, CABELL, , , Date 04 / 12 / 2024

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

Table with 8 columns for Office Use Only

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

E-PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		216592.21
(b) Cash on Hand at Beginning of Reporting Period.....	20613.61	
(c) Total Receipts (from Line 19)	183976.40	604360.27
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	204590.01	820952.48
7. Total Disbursements (from Line 31).....	89047.10	705409.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	115542.91	115542.91
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

E-PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15231.25	71194.10
(ii) Unitemized	3400.37	23066.77
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	18631.62	94260.87
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	46500.00	202775.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	65131.62	297035.87
12. Transfers From Affiliated/Other Party Committees.....	118844.78	307324.40
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)).....▶	183976.40	604360.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	183976.40	604360.27

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	20547.10	230659.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	20547.10	230659.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	68500.00	474500.00
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	250.00
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)) ..	89047.10	705409.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	89047.10	705409.57

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	65131.62	297035.87
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	65131.62	297035.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	20547.10	230659.57
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	20547.10	230659.57

**SCHEDULE A (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 352
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
E-PAC

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
71658.40

Date of Receipt
12 / 12 / 2023
Transaction ID : SA11C.965959

Amount of Each Receipt this Period
3337.26

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. ASKEW, WHITAKER, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **7614 HOLIDAY DR.**

City ALEXANDRIA	State VA	Zip Code 22308-1032
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
SUBJECT MATTER **CONSULTANT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2300.00

Date of Receipt
12 / 12 / 2023
Transaction ID : SA11A.966055

Amount of Each Receipt this Period
2300.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **815 ATLANTA ROAD**

City CUMMING	State GA	Zip Code 30040-2707
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
217.93

Date of Receipt
12 / 12 / 2023
Transaction ID : SA11A.965974

Amount of Each Receipt this Period
1.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	2301.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 352
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
E-PAC

A. MUELLER, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 NASSAU RD
 City POUGHKEEPSIE State NY Zip Code 12601-5640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 12 / 2023
Transaction ID : SA11A.966051
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. PATTERSON, SUZANNE, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 150187
 City OGDEN State UT Zip Code 84415-0187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 534.50

Date of Receipt 12 / 12 / 2023
Transaction ID : SA11A.965994
 Amount of Each Receipt this Period 2.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. PATTERSON, SUZANNE, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 150187
 City OGDEN State UT Zip Code 84415-0187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 534.50

Date of Receipt 12 / 12 / 2023
Transaction ID : SA11A.965997
 Amount of Each Receipt this Period 4.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	31.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 352
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. PATTERSON, SUZANNE, H., ,

Mailing Address P.O. BOX 150187

City OGDEN	State UT	Zip Code 84415-0187
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
534.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023
Transaction ID : SA11A.965998

Amount of Each Receipt this Period
8.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address P.O. BOX 150187

City OGDEN	State UT	Zip Code 84415-0187
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
534.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023
Transaction ID : SA11A.966014

Amount of Each Receipt this Period
8.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address P.O. BOX 150187

City OGDEN	State UT	Zip Code 84415-0187
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
534.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023
Transaction ID : SA11A.966015

Amount of Each Receipt this Period
8.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	20.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 352
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. PATTERSON, SUZANNE, H., ,

Mailing Address P.O. BOX 150187

City OGDEN	State UT	Zip Code 84415-0187
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
534.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023

Transaction ID : SA11A.966052

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address P.O. BOX 150187

City OGDEN	State UT	Zip Code 84415-0187
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
534.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023

Transaction ID : SA11A.966053

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. WILLIAMS, JIMMY, O., MR.,

Mailing Address 1075 MOTORCOACH DR.

City POLK CITY	State FL	Zip Code 33868-5113
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
426.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023

Transaction ID : SA11A.966028

Amount of Each Receipt this Period
15.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	165.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 352
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WILLIAMS, JIMMY, O., MR.,

Mailing Address 1075 MOTORCOACH DR.

City POLK CITY	State FL	Zip Code 33868-5113
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
426.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023

Transaction ID : SA11A.966029

Amount of Each Receipt this Period
15.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WILLIAMS, JIMMY, O., MR.,

Mailing Address 1075 MOTORCOACH DR.

City POLK CITY	State FL	Zip Code 33868-5113
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
426.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023

Transaction ID : SA11A.966033

Amount of Each Receipt this Period
15.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WILLIAMS, JIMMY, O., MR.,

Mailing Address 1075 MOTORCOACH DR.

City POLK CITY	State FL	Zip Code 33868-5113
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
426.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023

Transaction ID : SA11A.966035

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 352
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
E-PAC

A. CURRIE, L. NICOLE, NICOLE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 13TH ST NW
 STE 1100NO

City WASHINGTON State DC Zip Code 20005-3807

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

Name of Employer (for Individual) AMGEN INC. Occupation (for Individual) EXECUTIVE DIRECTOR, GOVERNME

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 13 / 2023
Transaction ID : SA11A.970366

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 71658.40

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11C.978802

Amount of Each Receipt this Period 1192.36

Memo Item CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

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

Mailing Address 810 SUMMIT DRIVE

City MINOT State ND Zip Code 58701-4559

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11A.978828

Amount of Each Receipt this Period 1.00

Memo Item CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 1001.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 352
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GUSEMAN, CHARLES, , ,

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.75

Date of Receipt
12 / 19 / 2023
Transaction ID : SA11A.978829

Amount of Each Receipt this Period
1.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.75

Date of Receipt
12 / 19 / 2023
Transaction ID : SA11A.978843

Amount of Each Receipt this Period
2.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
230.75

Date of Receipt
12 / 19 / 2023
Transaction ID : SA11A.978857

Amount of Each Receipt this Period
2.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	5.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 352
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GUSEMAN, CHARLES, , ,

Mailing Address 810 SUMMIT DRIVE

City MINOT State ND Zip Code 58701-4559

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2023

Transaction ID : SA11A.978858

Amount of Each Receipt this Period
 2.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT State ND Zip Code 58701-4559

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2023

Transaction ID : SA11A.978859

Amount of Each Receipt this Period
 2.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT State ND Zip Code 58701-4559

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2023

Transaction ID : SA11A.978860

Amount of Each Receipt this Period
 2.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 7.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 352
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GUSEMAN, CHARLES, , ,

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2023

Transaction ID : SA11A.978861

Amount of Each Receipt this Period
2.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2023

Transaction ID : SA11A.978862

Amount of Each Receipt this Period
2.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2023

Transaction ID : SA11A.978863

Amount of Each Receipt this Period
2.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	7.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 352
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GUSEMAN, CHARLES, , ,

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2023
Transaction ID : SA11A.978864

Amount of Each Receipt this Period
2.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2023
Transaction ID : SA11A.978870

Amount of Each Receipt this Period
4.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2023
Transaction ID : SA11A.978883

Amount of Each Receipt this Period
8.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	14.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 352
	<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)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. GUSEMAN, CHARLES, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2023
Mailing Address 810 SUMMIT DRIVE			Transaction ID : SA11A.978884
City MINOT	State ND	Zip Code 58701-4559	Amount of Each Receipt this Period 8.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	EARMARKED FROM WINRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.75		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. GUSEMAN, CHARLES, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2023
Mailing Address 810 SUMMIT DRIVE			Transaction ID : SA11A.978905
City MINOT	State ND	Zip Code 58701-4559	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	EARMARKED FROM WINRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.75		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. GUSEMAN, CHARLES, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2023
Mailing Address 810 SUMMIT DRIVE			Transaction ID : SA11A.978917
City MINOT	State ND	Zip Code 58701-4559	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	EARMARKED FROM WINRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 230.75		

SUBTOTAL of Receipts This Page (optional).....▶	43.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 352
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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NAME OF COMMITTEE (In Full)
E-PAC

A. GUSEMAN, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 810 SUMMIT DRIVE
 City MINOT State ND Zip Code 58701-4559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11A.978919
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. MUELLER, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 NASSAU RD
 City POUGHKEEPSIE State NY Zip Code 12601-5640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11A.978908
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. SCHMIDT, GERARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 HUNGRY HILL RD
 City LONG EDDY State NY Zip Code 12760-1459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11A.978916
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 352
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. WILLIAMS, JIMMY, O., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1075 MOTORCOACH DR.
 City POLK CITY State FL Zip Code 33868-5113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 426.65

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11A.978907
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 71658.40

Date of Receipt 12 / 26 / 2023
Transaction ID : SA11C.988429
 Amount of Each Receipt this Period 5661.49
 Memo Item
 CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

C. PATTERSON, SUZANNE, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 150187
 City OGDEN State UT Zip Code 84415-0187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 534.50

Date of Receipt 12 / 26 / 2023
Transaction ID : SA11A.988501
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	65.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 352
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. PATTERSON, SUZANNE, H., ,

Mailing Address **P.O. BOX 150187**

City OGDEN	State UT	Zip Code 84415-0187
----------------------	--------------------	-------------------------------

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

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

Aggregate Year-to-Date ▼
534.50

Date of Receipt
12 / 26 / 2023

Transaction ID : SA11A.988502

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address **PO BOX 2666**

City PALM BEACH	State FL	Zip Code 33480-2666
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) CHARLES SCHWAB CORPORATION	Occupation (for Individual) CHAIRMAN
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 26 / 2023

Transaction ID : SA11A.988504

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address **1045 ALEXANDER MOUNTAIN RD**

City GEYSERVILLE	State CA	Zip Code 95441-9315
----------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) JACKSON FAMILY WINES	Occupation (for Individual) OWNER
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 31 / 2023

Transaction ID : SA11A.995685

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	10050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 352
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 71658.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA11C.1005270
 Amount of Each Receipt this Period
 1794.38
 Memo Item
CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. BIEBIGHAUSER, VICTOR, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2424 CHEROKEE DR.
 City MONTGOMERY State AL Zip Code 36111-1609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 RETIRED RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA11A.1005365
 Amount of Each Receipt this Period
 1000.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

C. GUSEMAN, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 810 SUMMIT DRIVE
 City MINOT State ND Zip Code 58701-4559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 RETIRED RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA11A.1005276
 Amount of Each Receipt this Period
 1.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	1001.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 352
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GUSEMAN, CHARLES, , ,

Mailing Address 810 SUMMIT DRIVE

City MINOT State ND Zip Code 58701-4559

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023

Transaction ID : SA11A.1005297

Amount of Each Receipt this Period
 2.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT State ND Zip Code 58701-4559

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023

Transaction ID : SA11A.1005298

Amount of Each Receipt this Period
 2.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT State ND Zip Code 58701-4559

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023

Transaction ID : SA11A.1005299

Amount of Each Receipt this Period
 2.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 7.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 352
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. GUSEMAN, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 810 SUMMIT DRIVE
 City MINOT State ND Zip Code 58701-4559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11A.1005300
 Amount of Each Receipt this Period 2.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. GUSEMAN, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 810 SUMMIT DRIVE
 City MINOT State ND Zip Code 58701-4559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11A.1005308
 Amount of Each Receipt this Period 4.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. GUSEMAN, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 810 SUMMIT DRIVE
 City MINOT State ND Zip Code 58701-4559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11A.1005313
 Amount of Each Receipt this Period 4.25
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	10.75
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 OF 352
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
E-PAC

A. GUSEMAN, CHARLES, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023

Transaction ID : SA11A.1005318

Amount of Each Receipt this Period
6.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023

Transaction ID : SA11A.1005329

Amount of Each Receipt this Period
6.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023

Transaction ID : SA11A.1005330

Amount of Each Receipt this Period
6.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	17.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 352
	<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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
E-PAC

A. GUSEMAN, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 810 SUMMIT DRIVE
 City MINOT State ND Zip Code 58701-4559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11A.1005331
 Amount of Each Receipt this Period 6.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. GUSEMAN, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 810 SUMMIT DRIVE
 City MINOT State ND Zip Code 58701-4559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11A.1005332
 Amount of Each Receipt this Period 7.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. MONNIN, GERALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 724 INVERNESS DR.
 City DEFIANCE State OH Zip Code 43512-8549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11A.1005360
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	38.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 352
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. MUELLER, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 NASSAU RD
 City POUGHKEEPSIE State NY Zip Code 12601-5640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11A.1005356
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

B. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 71658.40

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11C.995544
 Amount of Each Receipt this Period 737.13
 Memo Item
CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

C. CLARK, RICHARD, K., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4171 LORENZO FARM RD
 City CAZENOVIA State NY Zip Code 13035-9341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11A.995605
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 352
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
E-PAC

A. GULLIVER, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 701
 City BLACK DIAMOND State WA Zip Code 98010-0701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA11A.995609
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. GUSEMAN, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 810 SUMMIT DRIVE
 City MINOT State ND Zip Code 58701-4559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA11A.995564
 Amount of Each Receipt this Period 2.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. GUSEMAN, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 810 SUMMIT DRIVE
 City MINOT State ND Zip Code 58701-4559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA11A.995567
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 352
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GUSEMAN, CHARLES, , ,

Mailing Address 810 SUMMIT DRIVE

City MINOT State ND Zip Code 58701-4559

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023

Transaction ID : SA11A.995583

Amount of Each Receipt this Period
 5.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT State ND Zip Code 58701-4559

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023

Transaction ID : SA11A.995584

Amount of Each Receipt this Period
 6.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT State ND Zip Code 58701-4559

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023

Transaction ID : SA11A.995592

Amount of Each Receipt this Period
 10.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	21.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 352
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GUSEMAN, CHARLES, , ,

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023

Transaction ID : SA11A.995596

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023

Transaction ID : SA11A.995597

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023

Transaction ID : SA11A.995599

Amount of Each Receipt this Period
12.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	32.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 352
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. GUSEMAN, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 810 SUMMIT DRIVE
 City MINOT State ND Zip Code 58701-4559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA11A.995601
 Amount of Each Receipt this Period 19.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. WEAVER, TRUMAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 363 15TH TRAIL
 City COTOPAXI State CO Zip Code 81223-8672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 376.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA11A.995602
 Amount of Each Receipt this Period 19.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. WEAVER, TRUMAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 363 15TH TRAIL
 City COTOPAXI State CO Zip Code 81223-8672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 376.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA11A.995611
 Amount of Each Receipt this Period 114.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	152.00
TOTAL This Period (last page this line 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 30 OF 352
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WILLIAMS, JIMMY, O., MR.,

Mailing Address 1075 MOTORCOACH DR.

City POLK CITY	State FL	Zip Code 33868-5113
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
426.65

Date of Receipt

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

Transaction ID : SA11A.995600

Amount of Each Receipt this Period
15.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address

City	State	Zip Code
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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
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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).....	15.00
TOTAL This Period (last page this line number only).....	15231.25

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. AIR LINE PILOTS ASSOCIATION PAC

Mailing Address 7950 JONES BRANCH DR.
STE 400S

City MC LEAN State VA Zip Code 22102-3215

FEC ID number of contributing federal political committee. **C** C00035451

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2023

Transaction ID : SA11C.978995

Amount of Each Receipt this Period
4000.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. AMERICAN HOTEL & LODGING PAC

Mailing Address 1201 NEW YORK AVE NW # 6

City WASHINGTON State DC Zip Code 20005-3917

FEC ID number of contributing federal political committee. **C** C00001198

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2023

Transaction ID : SA11C.978997

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. AMERICAN HOSPITAL ASSOCIATION PAC

Mailing Address 800 10TH ST NW STE 400
TWO CITYCENTER

City WASHINGTON State DC Zip Code 20001-5189

FEC ID number of contributing federal political committee. **C** C00106146

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2023

Transaction ID : SA11C.978999

Amount of Each Receipt this Period
4000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	10500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. AMERICAN OPTOMETRIC ASSOCIATION PAC

Mailing Address 1505 PRINCE ST STE 300

City ALEXANDRIA State VA Zip Code 22314-2874

FEC ID number of contributing federal political committee. **C** C00024968

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 19 / 2023
Transaction ID : SA11C.978998

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. COUNCIL OF INSURANCE AGENTS & BROKERS PAC

Mailing Address 701 PENNSYLVANIA AVE NW STE 750

City WASHINGTON State DC Zip Code 20004-2661

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
12 / 19 / 2023
Transaction ID : SA11C.978996

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS PAC

Mailing Address 1875 I ST NW STE 600

City WASHINGTON State DC Zip Code 20006-5413

FEC ID number of contributing federal political committee. **C** C00303339

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
12 / 19 / 2023
Transaction ID : SA11C.979000

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 8500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. AT&T INC FEDERAL PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 S AKARD ST STE 1812
 City DALLAS State TX Zip Code 75202-4206
 FEC ID number of contributing federal political committee. **C** C00109017
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2023
Transaction ID : SA11C.988604
 Amount of Each Receipt this Period
 5000.00
 Memo Item
CONTRIBUTION

B. FEDERAL EXPRESS PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 942 SHADY GROVE RD S
 City MEMPHIS State TN Zip Code 38120-4117
 FEC ID number of contributing federal political committee. **C** C00068692
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2023
Transaction ID : SA11C.988603
 Amount of Each Receipt this Period
 2500.00
 Memo Item
CONTRIBUTION

C. AMERICAN DENTAL ASSOCIATION PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 14TH ST NW STE 1100
 City WASHINGTON State DC Zip Code 20005-5627
 FEC ID number of contributing federal political committee. **C** C00000729
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2023
Transaction ID : SA11C.996757
 Amount of Each Receipt this Period
 5000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	12500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. COMMITTEE FOR ADVANCEMENT OF COTTON PAC

Mailing Address P.O. BOX 2995

City CORDOVA	State TN	Zip Code 38088-2995
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00023028

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

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

Transaction ID : SA11C.995684

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. KOCH INDUSTRIES INC. PAC

Mailing Address 600 14TH ST NW STE 800

City WASHINGTON	State DC	Zip Code 20005-2099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00236489

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID : SA11C.995683

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. L3 TECHNOLOGIES INC PAC

Mailing Address 600 3RD AVE

City NEW YORK	State NY	Zip Code 10016-1901
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00100321

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID : SA11C.995680

Amount of Each Receipt this Period
4000.00

Memo Item
CONTRIBUTION

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address 9900 BREN RD E

City MINNETONKA	State MN	Zip Code 55343-9603
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023

Transaction ID : SA11C.995682

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. WAL-MART STORES INC PAC FOR RESPONSIBLE GOVERNMENT

Mailing Address 702 SW 8TH ST

City BENTONVILLE	State AR	Zip Code 72716-6209
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00093054

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023

Transaction ID : SA11C.995681

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	46500.00

**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 36 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. ELISE VICTORY FUND
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. BOX 500

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249882.96

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2023
Transaction ID : SA12.970606

Amount of Each Receipt this Period
42795.76

Memo Item
TRANSFER

B. CANNAVO, VITO, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 64 WILLOW POND RD

City STATEN ISLAND	State NY	Zip Code 10304-1221
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
SULLIVAN PAPAIN LAWYER

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 / 25 / 2023
Transaction ID : SA.902358.3.EV35

Amount of Each Receipt this Period
2300.00

Memo Item
TRANSFER

TRANSFER FROM ELISE VICTORY FUND

C. CASSIDY, FRANK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 2322 WALLACE ST

City PHILADELPHIA	State PA	Zip Code 19130-3128
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
FXC REAL ESTATE

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2023
Transaction ID : SA.958507.3.EV35

Amount of Each Receipt this Period
3300.00

Memo Item
TRANSFER

TRANSFER FROM ELISE VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....	42795.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. DICKINSON, WILLIAM, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 DUTCH ISLAND DR.
 City SAVANNAH State GA Zip Code 31406-3223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WET WILLIE'S Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 06 / 2023
Transaction ID : SA.958477.3.EV35
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

B. FRANKLIN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12500 SAN PEDRO AVE
 City SAN ANTONIO State TX Zip Code 78216-2858
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 01 / 2023
Transaction ID : SA.908406.3.EV35
 Amount of Each Receipt this Period 1000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

C. HERMAN, RUSSELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 AVENUE OF TWO RIVERS S
 City RUMSON State NJ Zip Code 07760-1812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WHITE PINE CAPITAL MANAGEMENT Occupation (for Individual) FINANCE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 01 / 2023
Transaction ID : SA.950362.3.EV35
 Amount of Each Receipt this Period 800.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. HILLMAN, TATANALL, LEA, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 504 W BLEEKER ST
 City ASPEN State CO Zip Code 81611-1228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 08 / 2023**
Transaction ID : SA.958726.3.EV35
 Amount of Each Receipt this Period 300.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

B. KOCH, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 FORUM PLACE, SUITE 1202
 City WEST PALM BEACH State FL Zip Code 33401-8107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OXBOW CARBON Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **11 / 08 / 2023**
Transaction ID : SA.920472.3.EV35
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

C. KUMAR, SHALABH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4140 UTICA RIDGE ROAD
 City BETTENDORF State IA Zip Code 52722-1632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **10 / 11 / 2023**
Transaction ID : SA.882659.3.EV35
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. LEWIS, EARL, R., , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 87 PINCKNEY STREET
 City BOSTON State MA Zip Code 02114-4303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1725.00

Date of Receipt 09 / 29 / 2023
Transaction ID : SA.871240.3.EV35
 Amount of Each Receipt this Period 1725.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

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

Date of Receipt 12 / 06 / 2023
Transaction ID : SA.958331.3.EV35
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 10 / 2023
Transaction ID : SA.882691.3.EV35
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 10 / 2023
Transaction ID : SA.882692.3.EV35
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 10 / 2023
Transaction ID : SA.882693.3.EV35
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 10 / 2023
Transaction ID : SA.882694.3.EV35
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. REGIABA, ADAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 ANACAPA LN
 City ALISO VIEJO State CA Zip Code 92656-1630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UPFRONT INC Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 18 / 2023
Transaction ID : SA.892257.3.EV35
 Amount of Each Receipt this Period 4000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

B. SCIARETTA, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 90 SPRING HOLLOW ROAD
 City FAR HILLS State NJ Zip Code 07931-2401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CLAREMONT DEVELOPMENT, LLC Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 28 / 2023
Transaction ID : SA.902996.3.EV35
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

C. SKARZYNSKI, JACEK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 84-86 98TH STREET
 City WOODHAVEN State NY Zip Code 11421-1735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MAVEN CONSTRUCTION CORP. Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 20 / 2023
Transaction ID : SA.892480.3.EV35
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. SKARZYNSKI, OLGA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 84-86 98TH STREET
 City WOODHAVEN State NY Zip Code 11421-1735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MAVEN CONSTRUCTION CORP. Occupation (for Individual) CONSTRUCTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3400.00

Date of Receipt 10 / 20 / 2023
Transaction ID : SA.892481.3.EV35
 Amount of Each Receipt this Period 3400.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

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

Date of Receipt 10 / 18 / 2023
Transaction ID : SA.892241.3.EV35
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

C. STANFILL, CRAIG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43 HUCKLEBERRY HILL RD
 City LINCOLN State MA Zip Code 01773-3508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) COORDINATESS OPERATIONS LLC Occupation (for Individual) SOFTWARE ENGINEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 06 / 2023
Transaction ID : SA.958476.3.EV35
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. REPUBLICAN JEWISH COALITION PAC - EARMARKS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 50 F ST NW STE 100

City WASHINGTON	State DC	Zip Code 20001-1590
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2023

Transaction ID : SA.958959.3.EV35

Amount of Each Receipt this Period
3309.00

Memo Item
TRANSFER
TRANSFER FROM ELISE VICTORY FUND

B. REPUBLICAN JEWISH COALITION PAC - EARMARKS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 50 F ST NW STE 100

City WASHINGTON	State DC	Zip Code 20001-1590
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID : SA.966075.3.EV35

Amount of Each Receipt this Period
1691.00

Memo Item
TRANSFER
TRANSFER FROM ELISE VICTORY FUND

C. HOUSE GOP BATTLEGROUND FUND

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

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

FEC ID number of contributing federal political committee. **C** C00837492

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
18251.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2023

Transaction ID : SA12.970731

Amount of Each Receipt this Period
3248.38

Memo Item
TRANSFER

SUBTOTAL of Receipts This Page (optional).....	3248.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HILL, SHIRLEY, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2023
Mailing Address 262 E MAIN ST			Transaction ID : SA.966067.31.BG03
City MOORESTOWN	State NJ	Zip Code 08057-2931	Amount of Each Receipt this Period 750.00
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item
Name of Employer (for Individual) HILL & COMPANY		Occupation (for Individual) ENTREPRENEUR	TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2723.25		TRANSFER FROM HOUSE BATTLEGROUND FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HILL, SHIRLEY, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2023
Mailing Address 262 E MAIN ST			Transaction ID : SA.966068.31.BG03
City MOORESTOWN	State NJ	Zip Code 08057-2931	Amount of Each Receipt this Period 750.00
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item
Name of Employer (for Individual) HILL & COMPANY		Occupation (for Individual) ENTREPRENEUR	TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2723.25		TRANSFER FROM HOUSE BATTLEGROUND FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HILL, SHIRLEY, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2023
Mailing Address 262 E MAIN ST			Transaction ID : SA.966069.31.BG03
City MOORESTOWN	State NJ	Zip Code 08057-2931	Amount of Each Receipt this Period 49.50
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item
Name of Employer (for Individual) HILL & COMPANY		Occupation (for Individual) ENTREPRENEUR	TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2723.25		TRANSFER FROM HOUSE BATTLEGROUND FUND

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HILL, SHIRLEY, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2023
Mailing Address 262 E MAIN ST		Transaction ID : SA.966070.31.BG03
City MOORESTOWN	State NJ	Zip Code 08057-2931
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2723.25	TRANSFER
		TRANSFER FROM HOUSE BATTLEGROUND FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HILL, SHIRLEY, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2023
Mailing Address 262 E MAIN ST		Transaction ID : SA.966071.31.BG03
City MOORESTOWN	State NJ	Zip Code 08057-2931
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 123.75
Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2723.25	TRANSFER
		TRANSFER FROM HOUSE BATTLEGROUND FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HILL, SHIRLEY, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2023
Mailing Address 262 E MAIN ST		Transaction ID : SA.966072.31.BG03
City MOORESTOWN	State NJ	Zip Code 08057-2931
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2723.25	TRANSFER
		TRANSFER FROM HOUSE BATTLEGROUND FUND

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. HILL, SHIRLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 262 E MAIN ST
 City MOORESTOWN State NJ Zip Code 08057-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HILL & COMPANY Occupation (for Individual) ENTREPRENEUR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2723.25

Date of Receipt 12 / 12 / 2023
Transaction ID : SA.966073.31.BG03
 Amount of Each Receipt this Period 26.75
 Memo Item
 TRANSFER
 TRANSFER FROM HOUSE BATTLEGROUND FUND

B. RADGOWSKI, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 BAYVIEW AVE
 City NORTHPORT State NY Zip Code 11768-1505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 719.50

Date of Receipt 10 / 24 / 2023
Transaction ID : SA.949845.31.BG03
 Amount of Each Receipt this Period 719.50
 Memo Item
 TRANSFER
 TRANSFER FROM HOUSE BATTLEGROUND FUND

C. RAPHAEL, IRVING, G., DR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7301 DARTMOOR XING
 City FAYETTEVILLE State NY Zip Code 13066-2477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 21 / 2023
Transaction ID : SA.942718.31.BG03
 Amount of Each Receipt this Period 1000.00
 Memo Item
 TRANSFER
 TRANSFER FROM HOUSE BATTLEGROUND FUND

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. RAPHAEL, IRVING, G., DR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7301 DARTMOOR XING
 City FAYETTEVILLE State NY Zip Code 13066-2477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 30 / 2023
Transaction ID : SA.950237.31.BG03
 Amount of Each Receipt this Period 3000.00
 Memo Item
 TRANSFER
 TRANSFER FROM HOUSE BATTLEGROUND FUND

B. SINGER, PAUL, ELLIOT, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 ROYAL POINCIANA WAY STE 317
 City PALM BEACH State FL Zip Code 33480-4154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ELLIOTT MANAGEMENT CORPORATION Occupation (for Individual) PRINCIPAL
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 09 / 2023
Transaction ID : SA.921087.31.BG03
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM HOUSE BATTLEGROUND FUND

C. TEAM ELISE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 500
 City GLENS FALLS State NY Zip Code 12801-0500
 FEC ID number of contributing federal political committee. **C** C00830679
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 34778.50

Date of Receipt 12 / 14 / 2023
Transaction ID : SA12.970736
 Amount of Each Receipt this Period 9371.94
 Memo Item
 TRANSFER

SUBTOTAL of Receipts This Page (optional).....	9371.94
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. BLAVATNIK, ALEX, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2023
Mailing Address 730 5TH AVE		Transaction ID : SA.964492.24.TE06
City NEW YORK	State NY	Zip Code 10019-4105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual) ACCESS INDUSTRIES	Occupation (for Individual) MANAGER	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BONIN, JUDY, A., MISS,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2023
Mailing Address 187 EDGEFIELD LN		Transaction ID : SA.955100.24.TE06
City STAUNTON	State VA	Zip Code 24401-6287
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.84
Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 919.06	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. BONIN, JUDY, A., MISS,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2023
Mailing Address 187 EDGEFIELD LN		Transaction ID : SA.962777.24.TE06
City STAUNTON	State VA	Zip Code 24401-6287
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.50
Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 919.06	TRANSFER
		TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address 187 EDGEFIELD LN

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt

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

Transaction ID : SA.962782.24.TE06

Amount of Each Receipt this Period
8.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt

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

Transaction ID : SA.963035.24.TE06

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
919.06

Date of Receipt

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

Transaction ID : SA.963121.24.TE06

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address 187 EDGEFIELD LN

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt

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

Transaction ID : SA.963289.24.TE06

Amount of Each Receipt this Period
12.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt

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

Transaction ID : SA.963426.24.TE06

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
919.06

Date of Receipt

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

Transaction ID : SA.963438.24.TE06

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address 187 EDGEFIELD LN

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023

Transaction ID : SA.963470.24.TE06

Amount of Each Receipt this Period
 19.80

Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023

Transaction ID : SA.963503.24.TE06

Amount of Each Receipt this Period
 20.00

Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
919.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023

Transaction ID : SA.963508.24.TE06

Amount of Each Receipt this Period
 20.00

Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address 187 EDGEFIELD LN

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt

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

Transaction ID : SA.963512.24.TE06

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt

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

Transaction ID : SA.963963.24.TE06

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
919.06

Date of Receipt

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

Transaction ID : SA.964281.24.TE06

Amount of Each Receipt this Period
49.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address 187 EDGEFIELD LN

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2023

Transaction ID : SA.968856.24.TE06

Amount of Each Receipt this Period
8.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2023

Transaction ID : SA.968870.24.TE06

Amount of Each Receipt this Period
8.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
919.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2023

Transaction ID : SA.968901.24.TE06

Amount of Each Receipt this Period
8.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address 187 EDGEFIELD LN

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2023

Transaction ID : SA.969101.24.TE06

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2023

Transaction ID : SA.969464.24.TE06

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BRAMLETT, ROBERT, M., MR., JR.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1900 CLOVERLEAF PLACE

City ARDMORE	State OK	Zip Code 73401-3415
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC	Occupation (for Individual) INDEPENDENT INSURANCE AGENT
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
555.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2023

Transaction ID : SA.812460.24.TE06

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BRAMLETT, ROBERT, M., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 CLOVERLEAF PLACE
 City ARDMORE State OK Zip Code 73401-3415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 555.11

Date of Receipt **08 / 22 / 2023**
Transaction ID : SA.812461.24.TE06
 Amount of Each Receipt this Period 25.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. BRAMLETT, ROBERT, M., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 CLOVERLEAF PLACE
 City ARDMORE State OK Zip Code 73401-3415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 555.11

Date of Receipt **08 / 22 / 2023**
Transaction ID : SA.812503.24.TE06
 Amount of Each Receipt this Period 20.10
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. BRAMLETT, ROBERT, M., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 CLOVERLEAF PLACE
 City ARDMORE State OK Zip Code 73401-3415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 555.11

Date of Receipt **11 / 21 / 2023**
Transaction ID : SA.935923.24.TE06
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. BRAMLETT, ROBERT, M., MR., JR.			Date of Receipt MM / DD / YYYY 11 / 21 / 2023 Transaction ID : SA.935924.24.TE06
Mailing Address 1900 CLOVERLEAF PLACE			Amount of Each Receipt this Period 10.00
City ARDMORE	State OK	Zip Code 73401-3415	<input checked="" type="checkbox"/> Memo Item TRANSFER TRANSFER FROM TEAM ELISE
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC	Occupation (for Individual) INDEPENDENT INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 555.11		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BRAMLETT, ROBERT, M., MR., JR.			Date of Receipt MM / DD / YYYY 11 / 21 / 2023 Transaction ID : SA.936182.24.TE06
Mailing Address 1900 CLOVERLEAF PLACE			Amount of Each Receipt this Period 15.00
City ARDMORE	State OK	Zip Code 73401-3415	<input checked="" type="checkbox"/> Memo Item TRANSFER TRANSFER FROM TEAM ELISE
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC	Occupation (for Individual) INDEPENDENT INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 555.11		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. BRAMLETT, ROBERT, M., MR., JR.			Date of Receipt MM / DD / YYYY 11 / 21 / 2023 Transaction ID : SA.936911.24.TE06
Mailing Address 1900 CLOVERLEAF PLACE			Amount of Each Receipt this Period 30.00
City ARDMORE	State OK	Zip Code 73401-3415	<input checked="" type="checkbox"/> Memo Item TRANSFER TRANSFER FROM TEAM ELISE
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC	Occupation (for Individual) INDEPENDENT INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 555.11		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BRAMLETT, ROBERT, M., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 CLOVERLEAF PLACE
 City ARDMORE State OK Zip Code 73401-3415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 555.11

Date of Receipt **11 / 21 / 2023**
Transaction ID : SA.937139.24.TE06
 Amount of Each Receipt this Period 31.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT AVE APT 506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

Date of Receipt **07 / 25 / 2023**
Transaction ID : SA.794166.24.TE06
 Amount of Each Receipt this Period 99.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT AVE APT 506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

Date of Receipt **08 / 08 / 2023**
Transaction ID : SA.800767.24.TE06
 Amount of Each Receipt this Period 50.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
08 / 08 / 2023

Transaction ID : SA.800777.24.TE06

Amount of Each Receipt this Period
50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
08 / 08 / 2023

Transaction ID : SA.800874.24.TE06

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
08 / 08 / 2023

Transaction ID : SA.800879.24.TE06

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
08 / 15 / 2023

Transaction ID : SA.808108.24.TE06

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City CINCINNATI	State OH	Zip Code 45230-1160
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
09 / 30 / 2023

Transaction ID : SA.878934.24.TE06

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
09 / 30 / 2023

Transaction ID : SA.878939.24.TE06

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. CIACCIO, JANE, M., ,			Date of Receipt MM / DD / YYYY 09 / 30 / 2023
Mailing Address 5491 BEECHMONT AVE APT 506			Transaction ID : SA.879123.24.TE06
City CINCINNATI	State OH	Zip Code 45230-1160	Amount of Each Receipt this Period 52.05
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. CIACCIO, JANE, M., ,			Date of Receipt MM / DD / YYYY 09 / 30 / 2023
Mailing Address 5491 BEECHMONT AVE APT 506			Transaction ID : SA.879149.24.TE06
City CINCINNATI	State OH	Zip Code 45230-1160	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. CIACCIO, JANE, M., ,			Date of Receipt MM / DD / YYYY 09 / 30 / 2023
Mailing Address 5491 BEECHMONT AVE APT 506			Transaction ID : SA.879154.24.TE06
City CINCINNATI	State OH	Zip Code 45230-1160	Amount of Each Receipt this Period 104.10
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 5000.00		TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT AVE APT 506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 05 / 2023
Transaction ID : SA.879483.24.TE06
 Amount of Each Receipt this Period 1.04
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT AVE APT 506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 05 / 2023
Transaction ID : SA.879575.24.TE06
 Amount of Each Receipt this Period 2.08
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT AVE APT 506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 05 / 2023
Transaction ID : SA.879917.24.TE06
 Amount of Each Receipt this Period 10.41
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 05 / 2023

Transaction ID : SA.879924.24.TE06

Amount of Each Receipt this Period
10.41

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 17 / 2023

Transaction ID : SA.883678.24.TE06

Amount of Each Receipt this Period
0.99

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City CINCINNATI	State OH	Zip Code 45230-1160
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 17 / 2023

Transaction ID : SA.883693.24.TE06

Amount of Each Receipt this Period
0.99

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 17 / 2023

Transaction ID : SA.885277.24.TE06

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 17 / 2023

Transaction ID : SA.886326.24.TE06

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 17 / 2023

Transaction ID : SA.886729.24.TE06

Amount of Each Receipt this Period
49.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 24 / 2023

Transaction ID : SA.895499.24.TE06

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 24 / 2023

Transaction ID : SA.896156.24.TE06

Amount of Each Receipt this Period
49.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 24 / 2023

Transaction ID : SA.896172.24.TE06

Amount of Each Receipt this Period
49.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 24 / 2023

Transaction ID : SA.896272.24.TE06

Amount of Each Receipt this Period
99.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 24 / 2023

Transaction ID : SA.896285.24.TE06

Amount of Each Receipt this Period
99.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 24 / 2023

Transaction ID : SA.896305.24.TE06

Amount of Each Receipt this Period
104.10

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 31 / 2023

Transaction ID : SA.903854.24.TE06

Amount of Each Receipt this Period
0.99

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 31 / 2023

Transaction ID : SA.904289.24.TE06

Amount of Each Receipt this Period
1.04

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 31 / 2023

Transaction ID : SA.906038.24.TE06

Amount of Each Receipt this Period
26.03

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 67 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 31 / 2023

Transaction ID : SA.906048.24.TE06

Amount of Each Receipt this Period
26.03

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 31 / 2023

Transaction ID : SA.906052.24.TE06

Amount of Each Receipt this Period
26.03

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 31 / 2023

Transaction ID : SA.906454.24.TE06

Amount of Each Receipt this Period
99.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. CIACCIO, JANE, M., ,		Date of Receipt MM / DD / YYYY 10 / 31 / 2023
Mailing Address 5491 BEECHMONT AVE APT 506		Transaction ID : SA.906483.24.TE06
City CINCINNATI	State OH	Zip Code 45230-1160
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 104.10
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. CIACCIO, JANE, M., ,		Date of Receipt MM / DD / YYYY 10 / 31 / 2023
Mailing Address 5491 BEECHMONT AVE APT 506		Transaction ID : SA.906486.24.TE06
City CINCINNATI	State OH	Zip Code 45230-1160
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 104.10
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. CIACCIO, JANE, M., ,		Date of Receipt MM / DD / YYYY 11 / 07 / 2023
Mailing Address 5491 BEECHMONT AVE APT 506		Transaction ID : SA.910430.24.TE06
City CINCINNATI	State OH	Zip Code 45230-1160
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.01
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 5000.00	TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT AVE APT 506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 07 / 2023
Transaction ID : SA.910431.24.TE06
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT AVE APT 506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 07 / 2023
Transaction ID : SA.913991.24.TE06
 Amount of Each Receipt this Period 24.75
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT AVE APT 506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 07 / 2023
Transaction ID : SA.914404.24.TE06
 Amount of Each Receipt this Period 26.03
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT AVE APT 506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 11 / 07 / 2023
Transaction ID : SA.914426.24.TE06
 Amount of Each Receipt this Period 30.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT AVE APT 506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 11 / 07 / 2023
Transaction ID : SA.914647.24.TE06
 Amount of Each Receipt this Period 46.53
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT AVE APT 506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 11 / 07 / 2023
Transaction ID : SA.914926.24.TE06
 Amount of Each Receipt this Period 104.10
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 71 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 07 / 2023

Transaction ID : SA.914929.24.TE06

Amount of Each Receipt this Period
104.10

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 14 / 2023

Transaction ID : SA.921734.24.TE06

Amount of Each Receipt this Period
0.35

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City CINCINNATI	State OH	Zip Code 45230-1160
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 14 / 2023

Transaction ID : SA.921849.24.TE06

Amount of Each Receipt this Period
0.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 14 / 2023

Transaction ID : SA.921950.24.TE06

Amount of Each Receipt this Period
0.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 14 / 2023

Transaction ID : SA.924803.24.TE06

Amount of Each Receipt this Period
20.24

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 14 / 2023

Transaction ID : SA.925318.24.TE06

Amount of Each Receipt this Period
39.95

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 73 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 14 / 2023

Transaction ID : SA.925333.24.TE06

Amount of Each Receipt this Period
39.95

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 14 / 2023

Transaction ID : SA.925578.24.TE06

Amount of Each Receipt this Period
104.10

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 21 / 2023

Transaction ID : SA.931999.24.TE06

Amount of Each Receipt this Period
0.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 74 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 21 / 2023

Transaction ID : SA.932576.24.TE06

Amount of Each Receipt this Period
0.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 21 / 2023

Transaction ID : SA.932770.24.TE06

Amount of Each Receipt this Period
0.99

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 21 / 2023

Transaction ID : SA.932942.24.TE06

Amount of Each Receipt this Period
0.99

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 75 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 21 / 2023

Transaction ID : SA.933136.24.TE06

Amount of Each Receipt this Period
1.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 21 / 2023

Transaction ID : SA.937083.24.TE06

Amount of Each Receipt this Period
39.95

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 21 / 2023

Transaction ID : SA.937100.24.TE06

Amount of Each Receipt this Period
39.95

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 21 / 2023

Transaction ID : SA.937112.24.TE06

Amount of Each Receipt this Period
39.95

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 21 / 2023

Transaction ID : SA.937171.24.TE06

Amount of Each Receipt this Period
48.93

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 21 / 2023

Transaction ID : SA.937340.24.TE06

Amount of Each Receipt this Period
85.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 21 / 2023

Transaction ID : SA.937397.24.TE06

Amount of Each Receipt this Period
104.10

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 28 / 2023

Transaction ID : SA.943914.24.TE06

Amount of Each Receipt this Period
0.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 28 / 2023

Transaction ID : SA.943975.24.TE06

Amount of Each Receipt this Period
0.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 78 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 28 / 2023

Transaction ID : SA.944687.24.TE06

Amount of Each Receipt this Period
1.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 28 / 2023

Transaction ID : SA.945937.24.TE06

Amount of Each Receipt this Period
5.21

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 28 / 2023

Transaction ID : SA.946461.24.TE06

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 79 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 28 / 2023

Transaction ID : SA.946463.24.TE06

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 28 / 2023

Transaction ID : SA.947008.24.TE06

Amount of Each Receipt this Period
26.03

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 28 / 2023

Transaction ID : SA.947128.24.TE06

Amount of Each Receipt this Period
39.95

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 80 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 28 / 2023

Transaction ID : SA.947129.24.TE06

Amount of Each Receipt this Period
39.95

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 05 / 2023

Transaction ID : SA.953634.24.TE06

Amount of Each Receipt this Period
5.21

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 05 / 2023

Transaction ID : SA.955386.24.TE06

Amount of Each Receipt this Period
39.95

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 81 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT AVE APT 506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 05 / 2023
Transaction ID : SA.955394.24.TE06
 Amount of Each Receipt this Period 39.95
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT AVE APT 506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 05 / 2023
Transaction ID : SA.955437.24.TE06
 Amount of Each Receipt this Period 46.53
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT AVE APT 506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 05 / 2023
Transaction ID : SA.955484.24.TE06
 Amount of Each Receipt this Period 49.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 82 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 05 / 2023

Transaction ID : SA.955577.24.TE06

Amount of Each Receipt this Period
50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 05 / 2023

Transaction ID : SA.955601.24.TE06

Amount of Each Receipt this Period
52.05

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 05 / 2023

Transaction ID : SA.955604.24.TE06

Amount of Each Receipt this Period
52.05

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 83 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 05 / 2023

Transaction ID : SA.955646.24.TE06

Amount of Each Receipt this Period
99.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 12 / 2023

Transaction ID : SA.960667.24.TE06

Amount of Each Receipt this Period
0.99

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 12 / 2023

Transaction ID : SA.961871.24.TE06

Amount of Each Receipt this Period
3.40

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 84 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 12 / 2023

Transaction ID : SA.962607.24.TE06

Amount of Each Receipt this Period
5.21

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 12 / 2023

Transaction ID : SA.964187.24.TE06

Amount of Each Receipt this Period
39.95

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 12 / 2023

Transaction ID : SA.964208.24.TE06

Amount of Each Receipt this Period
39.95

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 85 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 13 / 2023

Transaction ID : SA.967022.24.TE06

Amount of Each Receipt this Period
0.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 13 / 2023

Transaction ID : SA.967071.24.TE06

Amount of Each Receipt this Period
0.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 13 / 2023

Transaction ID : SA.970061.24.TE06

Amount of Each Receipt this Period
49.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 86 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 13 / 2023

Transaction ID : SA.970180.24.TE06

Amount of Each Receipt this Period
52.05

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 13 / 2023

Transaction ID : SA.970262.24.TE06

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **5491 BEECHMONT AVE APT 506**

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 13 / 2023

Transaction ID : SA.970276.24.TE06

Amount of Each Receipt this Period
104.10

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 87 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1145.11

Date of Receipt 09 / 30 / 2023
Transaction ID : SA.879007.24.TE06
 Amount of Each Receipt this Period 35.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1145.11

Date of Receipt 10 / 10 / 2023
Transaction ID : SA.882383.24.TE06
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1145.11

Date of Receipt 10 / 17 / 2023
Transaction ID : SA.884065.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 88 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1145.11

Date of Receipt 10 / 17 / 2023
Transaction ID : SA.886394.24.TE06
 Amount of Each Receipt this Period 26.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1145.11

Date of Receipt 10 / 17 / 2023
Transaction ID : SA.886592.24.TE06
 Amount of Each Receipt this Period 35.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1145.11

Date of Receipt 10 / 17 / 2023
Transaction ID : SA.886661.24.TE06
 Amount of Each Receipt this Period 39.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 89 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1145.11

Date of Receipt 10 / 24 / 2023
Transaction ID : SA.895640.24.TE06
 Amount of Each Receipt this Period 19.80
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1145.11

Date of Receipt 10 / 31 / 2023
Transaction ID : SA.905792.24.TE06
 Amount of Each Receipt this Period 20.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1145.11

Date of Receipt 10 / 31 / 2023
Transaction ID : SA.906082.24.TE06
 Amount of Each Receipt this Period 33.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 90 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EICHEL, LAURENCE, , ,

Mailing Address P.O. BOX 600

City WELLINGTON State CO Zip Code 80549-0600

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1145.11

Date of Receipt 11 / 07 / 2023

Transaction ID : SA.914374.24.TE06

Amount of Each Receipt this Period 26.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

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

Mailing Address P.O. BOX 600

City WELLINGTON State CO Zip Code 80549-0600

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1145.11

Date of Receipt 11 / 14 / 2023

Transaction ID : SA.924550.24.TE06

Amount of Each Receipt this Period 10.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

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

Mailing Address P.O. BOX 600

City WELLINGTON State CO Zip Code 80549-0600

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1145.11

Date of Receipt 11 / 14 / 2023

Transaction ID : SA.925284.24.TE06

Amount of Each Receipt this Period 35.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 91 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EICHEL, LAURENCE, , ,

Mailing Address P.O. BOX 600

City WELLINGTON State CO Zip Code 80549-0600

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1145.11

Date of Receipt 11 / 14 / 2023
Transaction ID : SA.925310.24.TE06

Amount of Each Receipt this Period 39.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address P.O. BOX 600

City WELLINGTON State CO Zip Code 80549-0600

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1145.11

Date of Receipt 11 / 21 / 2023
Transaction ID : SA.933557.24.TE06

Amount of Each Receipt this Period 1.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address P.O. BOX 600

City WELLINGTON State CO Zip Code 80549-0600

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1145.11

Date of Receipt 11 / 21 / 2023
Transaction ID : SA.936877.24.TE06

Amount of Each Receipt this Period 26.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 92 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. EICHEL, LAURENCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2023
Mailing Address P.O. BOX 600		Transaction ID : SA.937038.24.TE06
City WELLINGTON	State CO	Zip Code 80549-0600
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1145.11	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. EICHEL, LAURENCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2023
Mailing Address P.O. BOX 600		Transaction ID : SA.946667.24.TE06
City WELLINGTON	State CO	Zip Code 80549-0600
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.80
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1145.11	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. EICHEL, LAURENCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2023
Mailing Address P.O. BOX 600		Transaction ID : SA.946693.24.TE06
City WELLINGTON	State CO	Zip Code 80549-0600
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1145.11	TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 93 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1145.11

Date of Receipt 12 / 05 / 2023
Transaction ID : SA.955150.24.TE06
 Amount of Each Receipt this Period 26.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1145.11

Date of Receipt 12 / 05 / 2023
Transaction ID : SA.955199.24.TE06
 Amount of Each Receipt this Period 33.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1145.11

Date of Receipt 12 / 12 / 2023
Transaction ID : SA.964175.24.TE06
 Amount of Each Receipt this Period 39.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 94 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1145.11

Date of Receipt 12 / 13 / 2023
Transaction ID : SA.969823.24.TE06
 Amount of Each Receipt this Period 26.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1145.11

Date of Receipt 12 / 13 / 2023
Transaction ID : SA.969951.24.TE06
 Amount of Each Receipt this Period 35.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 05 / 16 / 2023
Transaction ID : SA.748651.24.TE06
 Amount of Each Receipt this Period 10.36
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 95 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 05 / 2023
Transaction ID : SA.879605.24.TE06
 Amount of Each Receipt this Period 2.64
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 05 / 2023
Transaction ID : SA.879618.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 10 / 2023
Transaction ID : SA.881820.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2023
Transaction ID : SA.881821.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2023
Transaction ID : SA.881824.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2023
Transaction ID : SA.881846.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 97 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 10 / 2023
Transaction ID : SA.882044.24.TE06
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 10 / 2023
Transaction ID : SA.882245.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 10 / 2023
Transaction ID : SA.882284.24.TE06
 Amount of Each Receipt this Period 7.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 98 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 17 / 2023**
Transaction ID : SA.883468.24.TE06
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 17 / 2023**
Transaction ID : SA.883566.24.TE06
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 17 / 2023**
Transaction ID : SA.883697.24.TE06
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 99 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt: 10 / 17 / 2023
Transaction ID : SA.883888.24.TE06
 Amount of Each Receipt this Period: 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt: 10 / 17 / 2023
Transaction ID : SA.883889.24.TE06
 Amount of Each Receipt this Period: 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt: 10 / 17 / 2023
Transaction ID : SA.883917.24.TE06
 Amount of Each Receipt this Period: 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 100 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 17 / 2023**
Transaction ID : SA.883949.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 17 / 2023**
Transaction ID : SA.883965.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 17 / 2023**
Transaction ID : SA.884048.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 101 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 17 / 2023**
Transaction ID : SA.884077.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 17 / 2023**
Transaction ID : SA.884121.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 17 / 2023**
Transaction ID : SA.884140.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 102 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 17 / 2023
Transaction ID : SA.884146.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 17 / 2023
Transaction ID : SA.884184.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 17 / 2023
Transaction ID : SA.884186.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 17 / 2023**
Transaction ID : SA.884209.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 17 / 2023**
Transaction ID : SA.884210.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 17 / 2023**
Transaction ID : SA.884211.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 104 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 17 / 2023**
Transaction ID : SA.884216.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 17 / 2023**
Transaction ID : SA.884280.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 17 / 2023**
Transaction ID : SA.884285.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 105 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.884650.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.884666.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.884812.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2.97
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 106 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 17 / 2023
Transaction ID : SA.884830.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 17 / 2023
Transaction ID : SA.884832.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 17 / 2023
Transaction ID : SA.884833.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 107 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2023
Transaction ID : SA.884848.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2023
Transaction ID : SA.884849.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2023
Transaction ID : SA.884856.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 108 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.884857.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.884861.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.884862.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 109 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.884863.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.885318.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.885324.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 110 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2023
Transaction ID : SA.885326.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2023
Transaction ID : SA.885345.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2023
Transaction ID : SA.885363.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 111 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 17 / 2023**
Transaction ID : SA.885374.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 17 / 2023**
Transaction ID : SA.885375.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 17 / 2023**
Transaction ID : SA.885376.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 112 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 17 / 2023**
Transaction ID : SA.885423.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 17 / 2023**
Transaction ID : SA.885425.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 17 / 2023**
Transaction ID : SA.885433.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 113 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.893439.24.TE06
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.893475.24.TE06
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.893584.24.TE06
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 114 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.893642.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.893668.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.893692.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 115 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 10 / 24 / 2023
Transaction ID : SA.893703.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 10 / 24 / 2023
Transaction ID : SA.893737.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 10 / 24 / 2023
Transaction ID : SA.893808.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 116 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.893827.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.893832.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.893852.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 117 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 10 / 24 / 2023 Transaction ID : SA.893856.24.TE06
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 10 / 24 / 2023 Transaction ID : SA.893874.24.TE06
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 10 / 24 / 2023 Transaction ID : SA.893875.24.TE06
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 118 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.893876.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.893902.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.893911.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 119 OF 352
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MAKOWSKI, BRUCE, , ,

Mailing Address 1302 N STEPHEN AVE

City CLAWSON State MI Zip Code 48017-1279

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2190.36

Date of Receipt
10 / 24 / 2023
Transaction ID : SA.894003.24.TE06

Amount of Each Receipt this Period
1.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1302 N STEPHEN AVE

City CLAWSON State MI Zip Code 48017-1279

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2190.36

Date of Receipt
10 / 24 / 2023
Transaction ID : SA.894032.24.TE06

Amount of Each Receipt this Period
1.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1302 N STEPHEN AVE

City CLAWSON State MI Zip Code 48017-1279

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2190.36

Date of Receipt
10 / 24 / 2023
Transaction ID : SA.894048.24.TE06

Amount of Each Receipt this Period
1.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

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

0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 120 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 24 / 2023**
Transaction ID : SA.894049.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 24 / 2023**
Transaction ID : SA.894054.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 24 / 2023**
Transaction ID : SA.894175.24.TE06
 Amount of Each Receipt this Period 1.98
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 121 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 24 / 2023**
Transaction ID : SA.894265.24.TE06
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 24 / 2023**
Transaction ID : SA.894293.24.TE06
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 24 / 2023**
Transaction ID : SA.894388.24.TE06
 Amount of Each Receipt this Period 2.24
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 122 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.894408.24.TE06
 Amount of Each Receipt this Period
 2.97
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.894411.24.TE06
 Amount of Each Receipt this Period
 2.97
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.894445.24.TE06
 Amount of Each Receipt this Period
 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 123 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.894446.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.894472.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.894473.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 124 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.894483.24.TE06
 Amount of Each Receipt this Period
 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.894488.24.TE06
 Amount of Each Receipt this Period
 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.894493.24.TE06
 Amount of Each Receipt this Period
 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 125 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 24 / 2023**
Transaction ID : SA.894494.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 24 / 2023**
Transaction ID : SA.894513.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 24 / 2023**
Transaction ID : SA.894726.24.TE06
 Amount of Each Receipt this Period 4.95
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 126 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.894808.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.894813.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.894816.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 127 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt: 10 / 24 / 2023
Transaction ID : SA.894945.24.TE06
 Amount of Each Receipt this Period: 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt: 10 / 24 / 2023
Transaction ID : SA.895371.24.TE06
 Amount of Each Receipt this Period: 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt: 10 / 24 / 2023
Transaction ID : SA.895601.24.TE06
 Amount of Each Receipt this Period: 15.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 128 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 31 / 2023
Transaction ID : SA.903986.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 31 / 2023
Transaction ID : SA.903994.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 31 / 2023
Transaction ID : SA.904011.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 129 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : SA.904012.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : SA.904013.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : SA.904045.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 130 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : SA.904049.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : SA.904078.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : SA.904087.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 131 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : SA.904088.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : SA.904107.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : SA.904112.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 132 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.904113.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.904170.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.904195.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 133 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : SA.904248.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : SA.904263.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : SA.904337.24.TE06
 Amount of Each Receipt this Period
 1.49
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 134 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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E-PAC

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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 31 / 2023
Transaction ID : SA.904484.24.TE06
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 31 / 2023
Transaction ID : SA.904491.24.TE06
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 31 / 2023
Transaction ID : SA.904505.24.TE06
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 135 OF 352
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 31 / 2023**
Transaction ID : SA.904547.24.TE06
 Amount of Each Receipt this Period 2.97
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 31 / 2023**
Transaction ID : SA.904586.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 31 / 2023**
Transaction ID : SA.904587.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 136 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt: 10 / 31 / 2023
Transaction ID : SA.904608.24.TE06
 Amount of Each Receipt this Period: 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt: 10 / 31 / 2023
Transaction ID : SA.904613.24.TE06
 Amount of Each Receipt this Period: 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt: 10 / 31 / 2023
Transaction ID : SA.904614.24.TE06
 Amount of Each Receipt this Period: 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 137 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 31 / 2023
Transaction ID : SA.904619.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 31 / 2023
Transaction ID : SA.904620.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 31 / 2023
Transaction ID : SA.904621.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 138 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 31 / 2023**
Transaction ID : SA.904627.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 31 / 2023**
Transaction ID : SA.904631.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **10 / 31 / 2023**
Transaction ID : SA.904918.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 139 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 31 / 2023
Transaction ID : SA.904921.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 31 / 2023
Transaction ID : SA.904944.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 31 / 2023
Transaction ID : SA.904989.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 140 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 31 / 2023
Transaction ID : SA.905013.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 31 / 2023
Transaction ID : SA.905017.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 31 / 2023
Transaction ID : SA.905041.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 141 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 31 / 2023
Transaction ID : SA.905056.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 31 / 2023
Transaction ID : SA.905059.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 10 / 31 / 2023
Transaction ID : SA.905202.24.TE06
 Amount of Each Receipt this Period 7.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 142 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt: 11 / 07 / 2023
Transaction ID : SA.910890.24.TE06
 Amount of Each Receipt this Period: 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt: 11 / 07 / 2023
Transaction ID : SA.910941.24.TE06
 Amount of Each Receipt this Period: 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt: 11 / 07 / 2023
Transaction ID : SA.910970.24.TE06
 Amount of Each Receipt this Period: 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 143 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 11 / 07 / 2023 Transaction ID : SA.911012.24.TE06
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 0.99
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 11 / 07 / 2023 Transaction ID : SA.911024.24.TE06
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 0.99
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 11 / 07 / 2023 Transaction ID : SA.911067.24.TE06
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 0.99
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 144 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2023
Transaction ID : SA.911079.24.TE06
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2023
Transaction ID : SA.911107.24.TE06
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2023
Transaction ID : SA.911113.24.TE06
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 145 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2023
Transaction ID : SA.911203.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2023
Transaction ID : SA.911210.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2023
Transaction ID : SA.911213.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 146 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 07 / 2023
Transaction ID : SA.911223.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 07 / 2023
Transaction ID : SA.911248.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 07 / 2023
Transaction ID : SA.911251.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 147 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 11 / 07 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.911256.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 11 / 07 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.911267.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 11 / 07 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.911283.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 148 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt: 11 / 07 / 2023
Transaction ID : SA.911289.24.TE06
 Amount of Each Receipt this Period: 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt: 11 / 07 / 2023
Transaction ID : SA.911296.24.TE06
 Amount of Each Receipt this Period: 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt: 11 / 07 / 2023
Transaction ID : SA.911307.24.TE06
 Amount of Each Receipt this Period: 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 149 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 11 / 07 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.911310.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 11 / 07 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.911319.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 11 / 07 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.911326.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 150 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **11 / 07 / 2023**
Transaction ID : SA.911327.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **11 / 07 / 2023**
Transaction ID : SA.911340.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **11 / 07 / 2023**
Transaction ID : SA.911346.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 151 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 07 / 2023
Transaction ID : SA.911357.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 07 / 2023
Transaction ID : SA.911440.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 07 / 2023
Transaction ID : SA.911600.24.TE06
 Amount of Each Receipt this Period 1.96
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 152 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt: 11 / 07 / 2023
Transaction ID : SA.911660.24.TE06
 Amount of Each Receipt this Period: 1.98
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt: 11 / 07 / 2023
Transaction ID : SA.911680.24.TE06
 Amount of Each Receipt this Period: 1.98
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt: 11 / 07 / 2023
Transaction ID : SA.911712.24.TE06
 Amount of Each Receipt this Period: 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 153 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2023
Transaction ID : SA.911717.24.TE06
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2023
Transaction ID : SA.911735.24.TE06
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2023
Transaction ID : SA.911736.24.TE06
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 154 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **11 / 07 / 2023**
Transaction ID : SA.911745.24.TE06
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **11 / 07 / 2023**
Transaction ID : SA.911853.24.TE06
 Amount of Each Receipt this Period 2.97
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **11 / 07 / 2023**
Transaction ID : SA.911855.24.TE06
 Amount of Each Receipt this Period 2.97
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 155 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **11 / 07 / 2023**
Transaction ID : SA.911888.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **11 / 07 / 2023**
Transaction ID : SA.911916.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **11 / 07 / 2023**
Transaction ID : SA.911920.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 156 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 07 / 2023
Transaction ID : SA.911929.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 07 / 2023
Transaction ID : SA.911937.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 07 / 2023
Transaction ID : SA.912582.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 157 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 07 / 2023
Transaction ID : SA.912598.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 07 / 2023
Transaction ID : SA.912667.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 07 / 2023
Transaction ID : SA.912674.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 158 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2023
Transaction ID : SA.912710.24.TE06
 Amount of Each Receipt this Period
 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2023
Transaction ID : SA.912717.24.TE06
 Amount of Each Receipt this Period
 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2023
Transaction ID : SA.912725.24.TE06
 Amount of Each Receipt this Period
 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 159 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
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 11 / 07 / 2023
Transaction ID : SA.912744.24.TE06
 Amount of Each Receipt this Period
 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2023
Transaction ID : SA.912756.24.TE06
 Amount of Each Receipt this Period
 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2023
Transaction ID : SA.913364.24.TE06
 Amount of Each Receipt this Period
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 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 160 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **11 / 14 / 2023**
Transaction ID : SA.922052.24.TE06
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **11 / 14 / 2023**
Transaction ID : SA.922095.24.TE06
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **11 / 14 / 2023**
Transaction ID : SA.922140.24.TE06
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 161 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 11 / 14 / 2023
Transaction ID : SA.922342.24.TE06
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 11 / 14 / 2023
Transaction ID : SA.922421.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 11 / 14 / 2023
Transaction ID : SA.922423.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 162 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 11 / 14 / 2023
Transaction ID : SA.922450.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 11 / 14 / 2023
Transaction ID : SA.922451.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 11 / 14 / 2023
Transaction ID : SA.922453.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 163 OF 352
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 14 / 2023
Transaction ID : SA.922456.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 14 / 2023
Transaction ID : SA.922471.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 14 / 2023
Transaction ID : SA.922473.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 164 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **11 / 14 / 2023**
Transaction ID : SA.922474.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **11 / 14 / 2023**
Transaction ID : SA.922479.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **11 / 14 / 2023**
Transaction ID : SA.922501.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 165 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 14 / 2023
Transaction ID : SA.922525.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
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 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 14 / 2023
Transaction ID : SA.922527.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 14 / 2023
Transaction ID : SA.922531.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 166 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 M M M / D D D / Y Y Y Y Y Y
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 Amount of Each Receipt this Period
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 Memo Item
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Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2023
Transaction ID : SA.922550.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
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Date of Receipt
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 11 / 14 / 2023
Transaction ID : SA.922556.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 167 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 14 / 2023
Transaction ID : SA.922586.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 14 / 2023
Transaction ID : SA.922589.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 14 / 2023
Transaction ID : SA.922593.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 168 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 11 / 14 / 2023 Transaction ID : SA.922597.24.TE06
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 11 / 14 / 2023 Transaction ID : SA.922612.24.TE06
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 11 / 14 / 2023 Transaction ID : SA.922613.24.TE06
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 169 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2023
Transaction ID : SA.922614.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2023
Transaction ID : SA.922634.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2023
Transaction ID : SA.922636.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 170 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **11 / 14 / 2023**
Transaction ID : SA.922642.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **11 / 14 / 2023**
Transaction ID : SA.922673.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **11 / 14 / 2023**
Transaction ID : SA.922848.24.TE06
 Amount of Each Receipt this Period 1.98
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 171 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 11 / 14 / 2023
Transaction ID : SA.922849.24.TE06
 Amount of Each Receipt this Period 1.98
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 11 / 14 / 2023
Transaction ID : SA.922862.24.TE06
 Amount of Each Receipt this Period 1.98
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 11 / 14 / 2023
Transaction ID : SA.922878.24.TE06
 Amount of Each Receipt this Period 1.98
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 172 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2023
Transaction ID : SA.922937.24.TE06
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2023
Transaction ID : SA.922951.24.TE06
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2023
Transaction ID : SA.922991.24.TE06
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 173 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2023
Transaction ID : SA.923116.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2023
Transaction ID : SA.923124.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2023
Transaction ID : SA.923535.24.TE06
 Amount of Each Receipt this Period 4.95
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 352
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2023
Transaction ID : SA.923806.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2023
Transaction ID : SA.923813.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2023
Transaction ID : SA.923815.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 175 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 11 / 14 / 2023
Transaction ID : SA.923850.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 11 / 14 / 2023
Transaction ID : SA.923853.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 11 / 14 / 2023
Transaction ID : SA.923867.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 176 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.923927.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.923928.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.924501.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 177 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 11 / 21 / 2023 Transaction ID : SA.931610.24.TE06
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 0.01
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 11 / 21 / 2023 Transaction ID : SA.931684.24.TE06
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 0.01
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 11 / 21 / 2023 Transaction ID : SA.931707.24.TE06
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 0.01
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 178 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 21 / 2023
Transaction ID : SA.932840.24.TE06
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 21 / 2023
Transaction ID : SA.932867.24.TE06
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 21 / 2023
Transaction ID : SA.932868.24.TE06
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 179 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 11 / 21 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.932869.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.99
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 11 / 21 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.932913.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.99
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 11 / 21 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.932922.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.99
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 180 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 11 / 21 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.932933.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.99
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 11 / 21 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.933005.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.99
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 11 / 21 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.933074.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 181 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 21 / 2023
Transaction ID : SA.933076.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 21 / 2023
Transaction ID : SA.933080.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 21 / 2023
Transaction ID : SA.933096.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 182 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 21 / 2023
Transaction ID : SA.933106.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 21 / 2023
Transaction ID : SA.933155.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 21 / 2023
Transaction ID : SA.933159.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 183 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 21 / 2023
Transaction ID : SA.933163.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 21 / 2023
Transaction ID : SA.933207.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 21 / 2023
Transaction ID : SA.933208.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 184 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 21 / 2023
Transaction ID : SA.933246.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 21 / 2023
Transaction ID : SA.933248.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 21 / 2023
Transaction ID : SA.933276.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 185 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 21 / 2023
Transaction ID : SA.933278.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 21 / 2023
Transaction ID : SA.933293.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 21 / 2023
Transaction ID : SA.933334.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 186 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.933344.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.933380.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.933394.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 187 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2023
Transaction ID : SA.933399.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2023
Transaction ID : SA.933403.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2023
Transaction ID : SA.933404.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 188 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **11 / 21 / 2023**
Transaction ID : SA.933405.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **11 / 21 / 2023**
Transaction ID : SA.933408.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **11 / 21 / 2023**
Transaction ID : SA.933426.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 189 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **11 / 21 / 2023**
Transaction ID : SA.933449.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **11 / 21 / 2023**
Transaction ID : SA.933455.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **11 / 21 / 2023**
Transaction ID : SA.933482.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 190 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 21 / 2023
Transaction ID : SA.933483.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 21 / 2023
Transaction ID : SA.933526.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 21 / 2023
Transaction ID : SA.933527.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 191 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 21 / 2023
Transaction ID : SA.933541.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 21 / 2023
Transaction ID : SA.933579.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 21 / 2023
Transaction ID : SA.933605.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 192 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 21 / 2023
Transaction ID : SA.933609.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 21 / 2023
Transaction ID : SA.933610.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 21 / 2023
Transaction ID : SA.933616.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 193 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **11 / 21 / 2023**
Transaction ID : SA.933989.24.TE06
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **11 / 21 / 2023**
Transaction ID : SA.933990.24.TE06
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **11 / 21 / 2023**
Transaction ID : SA.934127.24.TE06
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 194 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 21 / 2023
Transaction ID : SA.934248.24.TE06
 Amount of Each Receipt this Period 2.97
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 21 / 2023
Transaction ID : SA.934258.24.TE06
 Amount of Each Receipt this Period 2.97
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 21 / 2023
Transaction ID : SA.934322.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 195 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2023
Transaction ID : SA.935136.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2023
Transaction ID : SA.935147.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2023
Transaction ID : SA.935195.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 196 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2023
Transaction ID : SA.935230.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2023
Transaction ID : SA.935248.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2023
Transaction ID : SA.935895.24.TE06
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 197 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.943352.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.01
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.943374.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.01
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.943378.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.01
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 198 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 28 / 2023
Transaction ID : SA.944387.24.TE06
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 28 / 2023
Transaction ID : SA.944471.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 28 / 2023
Transaction ID : SA.944485.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 OF 352
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2023
Transaction ID : SA.944544.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2023
Transaction ID : SA.944563.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2023
Transaction ID : SA.944564.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 200 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2023
Transaction ID : SA.944565.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2023
Transaction ID : SA.944567.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2023
Transaction ID : SA.944600.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 201 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 28 / 2023
Transaction ID : SA.944601.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 28 / 2023
Transaction ID : SA.944602.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 28 / 2023
Transaction ID : SA.944620.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 202 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2023
Transaction ID : SA.944621.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2023
Transaction ID : SA.944652.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2023
Transaction ID : SA.944653.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 203 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2023
Transaction ID : SA.944690.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2023
Transaction ID : SA.944713.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2023
Transaction ID : SA.944724.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 204 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.944739.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.944740.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.944762.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 205 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 28 / 2023
Transaction ID : SA.944783.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 28 / 2023
Transaction ID : SA.944792.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 11 / 28 / 2023
Transaction ID : SA.944834.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 206 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt: 11 / 28 / 2023
Transaction ID : SA.944836.24.TE06
 Amount of Each Receipt this Period: 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt: 11 / 28 / 2023
Transaction ID : SA.944840.24.TE06
 Amount of Each Receipt this Period: 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt: 11 / 28 / 2023
Transaction ID : SA.945277.24.TE06
 Amount of Each Receipt this Period: 2.93
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 207 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **11 / 28 / 2023**
Transaction ID : SA.945372.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **11 / 28 / 2023**
Transaction ID : SA.945814.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **11 / 28 / 2023**
Transaction ID : SA.946615.24.TE06
 Amount of Each Receipt this Period 15.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 208 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 05 / 2023**
Transaction ID : SA.951307.24.TE06
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 05 / 2023**
Transaction ID : SA.951645.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 05 / 2023**
Transaction ID : SA.951699.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 209 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 12 / 05 / 2023
Transaction ID : SA.951756.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 12 / 05 / 2023
Transaction ID : SA.951757.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 12 / 05 / 2023
Transaction ID : SA.951823.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 210 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2023
Transaction ID : SA.951824.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2023
Transaction ID : SA.951825.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2023
Transaction ID : SA.951826.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 211 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2023
Transaction ID : SA.951838.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2023
Transaction ID : SA.951873.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2023
Transaction ID : SA.951889.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 212 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt: 12 / 05 / 2023
Transaction ID : SA.952069.24.TE06
 Amount of Each Receipt this Period: 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt: 12 / 05 / 2023
Transaction ID : SA.952070.24.TE06
 Amount of Each Receipt this Period: 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt: 12 / 05 / 2023
Transaction ID : SA.953352.24.TE06
 Amount of Each Receipt this Period: 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 213 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 12 / 05 / 2023
Transaction ID : SA.953382.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 12 / 05 / 2023
Transaction ID : SA.953402.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 12 / 05 / 2023
Transaction ID : SA.953436.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 214 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt: 12 / 05 / 2023
Transaction ID : SA.953483.24.TE06
 Amount of Each Receipt this Period: 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt: 12 / 05 / 2023
Transaction ID : SA.953486.24.TE06
 Amount of Each Receipt this Period: 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt: 12 / 05 / 2023
Transaction ID : SA.953681.24.TE06
 Amount of Each Receipt this Period: 7.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 215 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 05 / 2023**
Transaction ID : SA.954547.24.TE06
 Amount of Each Receipt this Period 15.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 12 / 2023**
Transaction ID : SA.960815.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 12 / 2023**
Transaction ID : SA.960839.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 216 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023
Transaction ID : SA.960840.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023
Transaction ID : SA.960841.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023
Transaction ID : SA.960856.24.TE06
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 217 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023
Transaction ID : SA.960919.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023
Transaction ID : SA.960922.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023
Transaction ID : SA.960928.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 218 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023
Transaction ID : SA.960951.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023
Transaction ID : SA.960968.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023
Transaction ID : SA.960983.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 219 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt: 12 / 12 / 2023
Transaction ID : SA.961012.24.TE06
 Amount of Each Receipt this Period: 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt: 12 / 12 / 2023
Transaction ID : SA.961047.24.TE06
 Amount of Each Receipt this Period: 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt: 12 / 12 / 2023
Transaction ID : SA.961048.24.TE06
 Amount of Each Receipt this Period: 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 220 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023
Transaction ID : SA.961049.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023
Transaction ID : SA.961109.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023
Transaction ID : SA.961126.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 221 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023
Transaction ID : SA.961174.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023
Transaction ID : SA.961204.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023
Transaction ID : SA.961223.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 222 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023
Transaction ID : SA.961565.24.TE06
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023
Transaction ID : SA.961783.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023
Transaction ID : SA.961833.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 223 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 12 / 2023**
Transaction ID : SA.962306.24.TE06
 Amount of Each Receipt this Period 4.95
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 12 / 2023**
Transaction ID : SA.962367.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 12 / 2023**
Transaction ID : SA.962369.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 224 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.962492.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.962522.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.963044.24.TE06
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 225 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
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 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 12 / 12 / 2023
Transaction ID : SA.963145.24.TE06
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 12 / 12 / 2023
Transaction ID : SA.963162.24.TE06
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 12 / 12 / 2023
Transaction ID : SA.963373.24.TE06
 Amount of Each Receipt this Period 15.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 226 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 13 / 2023**
Transaction ID : SA.966583.24.TE06
 Amount of Each Receipt this Period 0.10
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 13 / 2023**
Transaction ID : SA.967315.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 13 / 2023**
Transaction ID : SA.967325.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 OF 352
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2023
Transaction ID : SA.967373.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2023
Transaction ID : SA.967404.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2023
Transaction ID : SA.967414.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 228 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 12 / 13 / 2023
Transaction ID : SA.967434.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 12 / 13 / 2023
Transaction ID : SA.967519.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 12 / 13 / 2023
Transaction ID : SA.967521.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 229 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2023
Transaction ID : SA.967589.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2023
Transaction ID : SA.967627.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2023
Transaction ID : SA.967628.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 230 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2023
Transaction ID : SA.967629.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2023
Transaction ID : SA.967639.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2023
Transaction ID : SA.967691.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 231 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 13 / 2023**
Transaction ID : SA.967704.24.TE06
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 13 / 2023**
Transaction ID : SA.967957.24.TE06
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 13 / 2023**
Transaction ID : SA.967999.24.TE06
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 232 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 13 / 2023**
Transaction ID : SA.968159.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 13 / 2023**
Transaction ID : SA.968162.24.TE06
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 13 / 2023**
Transaction ID : SA.968469.24.TE06
 Amount of Each Receipt this Period 4.95
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 233 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2023
Transaction ID : SA.968515.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2023
Transaction ID : SA.968585.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2023
Transaction ID : SA.968613.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 234 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 13 / 2023**
Transaction ID : SA.968618.24.TE06
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3815.74

Date of Receipt **11 / 07 / 2023**
Transaction ID : SA.913788.24.TE06
 Amount of Each Receipt this Period 20.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. PRESLEY, JUANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1322.47

Date of Receipt **09 / 19 / 2023**
Transaction ID : SA.850577.24.TE06
 Amount of Each Receipt this Period 37.62
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 235 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. PRESLEY, JUANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1322.47

Date of Receipt **09 / 30 / 2023**
Transaction ID : SA.878840.24.TE06
 Amount of Each Receipt this Period 2.63
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. PRESLEY, JUANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1322.47

Date of Receipt **11 / 21 / 2023**
Transaction ID : SA.935394.24.TE06
 Amount of Each Receipt this Period 8.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. PRESLEY, JUANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1322.47

Date of Receipt **11 / 21 / 2023**
Transaction ID : SA.936147.24.TE06
 Amount of Each Receipt this Period 14.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 236 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. PRESLEY, JUANITA, , ,			Date of Receipt MM / DD / YYYY 11 / 21 / 2023
Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246			Transaction ID : SA.936156.24.TE06
City MERIDIAN	State ID	Zip Code 83642-4742	Amount of Each Receipt this Period 14.85
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1322.47		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. PRESLEY, JUANITA, , ,			Date of Receipt MM / DD / YYYY 11 / 21 / 2023
Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246			Transaction ID : SA.936264.24.TE06
City MERIDIAN	State ID	Zip Code 83642-4742	Amount of Each Receipt this Period 6.79
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1322.47		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. PRESLEY, JUANITA, , ,			Date of Receipt MM / DD / YYYY 11 / 21 / 2023
Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246			Transaction ID : SA.936425.24.TE06
City MERIDIAN	State ID	Zip Code 83642-4742	Amount of Each Receipt this Period 21.25
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1322.47		TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 237 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1322.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2023

Transaction ID : SA.936442.24.TE06

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1322.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2023

Transaction ID : SA.936476.24.TE06

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1322.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2023

Transaction ID : SA.936514.24.TE06

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 238 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. PRESLEY, JUANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1322.47

Date of Receipt 11 / 21 / 2023
Transaction ID : SA.936636.24.TE06
 Amount of Each Receipt this Period 24.75
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. PRESLEY, JUANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1322.47

Date of Receipt 11 / 21 / 2023
Transaction ID : SA.937103.24.TE06
 Amount of Each Receipt this Period 39.95
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. PRESLEY, JUANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1322.47

Date of Receipt 11 / 28 / 2023
Transaction ID : SA.943712.24.TE06
 Amount of Each Receipt this Period 0.25
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 239 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. PRESLEY, JUANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1322.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2023
Transaction ID : SA.946550.24.TE06
 Amount of Each Receipt this Period 12.75
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. PRESLEY, JUANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1322.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2023
Transaction ID : SA.946562.24.TE06
 Amount of Each Receipt this Period 12.75
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. PRESLEY, JUANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1322.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2023
Transaction ID : SA.946618.24.TE06
 Amount of Each Receipt this Period 15.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 240 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. PRESLEY, JUANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1322.47

Date of Receipt **11 / 28 / 2023**
Transaction ID : SA.946646.24.TE06
 Amount of Each Receipt this Period 17.76
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. PRESLEY, JUANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1322.47

Date of Receipt **11 / 28 / 2023**
Transaction ID : SA.946702.24.TE06
 Amount of Each Receipt this Period 20.24
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. PRESLEY, JUANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1322.47

Date of Receipt **11 / 28 / 2023**
Transaction ID : SA.946741.24.TE06
 Amount of Each Receipt this Period 21.25
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 241 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. PRESLEY, JUANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1322.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2023
Transaction ID : SA.946742.24.TE06
 Amount of Each Receipt this Period 21.25
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. PRESLEY, JUANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1322.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2023
Transaction ID : SA.946743.24.TE06
 Amount of Each Receipt this Period 21.25
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. PRESLEY, JUANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1322.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2023
Transaction ID : SA.946748.24.TE06
 Amount of Each Receipt this Period 21.25
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 242 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1322.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2023

Transaction ID : SA.946761.24.TE06

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1322.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2023

Transaction ID : SA.946802.24.TE06

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1322.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2023

Transaction ID : SA.946846.24.TE06

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 243 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. PRESLEY, JUANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1322.47

Date of Receipt 11 / 28 / 2023
Transaction ID : SA.946847.24.TE06
 Amount of Each Receipt this Period 24.75
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. PRESLEY, JUANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1322.47

Date of Receipt 11 / 28 / 2023
Transaction ID : SA.946869.24.TE06
 Amount of Each Receipt this Period 24.75
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. PRESLEY, JUANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1322.47

Date of Receipt 11 / 28 / 2023
Transaction ID : SA.946911.24.TE06
 Amount of Each Receipt this Period 24.75
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 244 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1322.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2023

Transaction ID : SA.946932.24.TE06

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1322.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2023

Transaction ID : SA.946941.24.TE06

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1322.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2023

Transaction ID : SA.946990.24.TE06

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 245 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. PRESLEY, JUANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1322.47

Date of Receipt 12 / 05 / 2023
Transaction ID : SA.954444.24.TE06
 Amount of Each Receipt this Period 12.75
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. PRESLEY, JUANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1322.47

Date of Receipt 12 / 05 / 2023
Transaction ID : SA.954544.24.TE06
 Amount of Each Receipt this Period 15.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. PRESLEY, JUANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1322.47

Date of Receipt 12 / 05 / 2023
Transaction ID : SA.954555.24.TE06
 Amount of Each Receipt this Period 15.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 246 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1322.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2023

Transaction ID : SA.954594.24.TE06

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1322.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2023

Transaction ID : SA.954710.24.TE06

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1322.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2023

Transaction ID : SA.954783.24.TE06

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 247 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. PRESLEY, JUANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1322.47

Date of Receipt 12 / 05 / 2023
Transaction ID : SA.954823.24.TE06
 Amount of Each Receipt this Period 24.75
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. PRESLEY, JUANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1322.47

Date of Receipt 12 / 05 / 2023
Transaction ID : SA.954929.24.TE06
 Amount of Each Receipt this Period 24.75
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. PRESLEY, JUANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1322.47

Date of Receipt 12 / 05 / 2023
Transaction ID : SA.954956.24.TE06
 Amount of Each Receipt this Period 24.75
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 248 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1322.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2023

Transaction ID : SA.954980.24.TE06

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1322.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2023

Transaction ID : SA.955028.24.TE06

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1322.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2023

Transaction ID : SA.955042.24.TE06

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 249 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1322.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2023

Transaction ID : SA.955090.24.TE06

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1322.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2023

Transaction ID : SA.955097.24.TE06

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1322.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2023

Transaction ID : SA.955098.24.TE06

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 250 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1322.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2023

Transaction ID : SA.955099.24.TE06

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1322.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2023

Transaction ID : SA.955110.24.TE06

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1322.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2023

Transaction ID : SA.955507.24.TE06

Amount of Each Receipt this Period
49.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 251 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1322.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2023

Transaction ID : SA.955576.24.TE06

Amount of Each Receipt this Period
50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1322.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2023

Transaction ID : SA.955588.24.TE06

Amount of Each Receipt this Period
50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1322.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2023

Transaction ID : SA.963759.24.TE06

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 252 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1322.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2023

Transaction ID : SA.963809.24.TE06

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1322.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2023

Transaction ID : SA.963914.24.TE06

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1322.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2023

Transaction ID : SA.969942.24.TE06

Amount of Each Receipt this Period
35.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 253 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. REGIABA, ADAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 ANACAPA LN
 City ALISO VIEJO State CA Zip Code 92656-1630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UPFRONT INC Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 05 / 2023
Transaction ID : SA.955704.24.TE06
 Amount of Each Receipt this Period 1000.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 322.71

Date of Receipt 12 / 13 / 2023
Transaction ID : SA.969311.24.TE06
 Amount of Each Receipt this Period 2.63
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 322.71

Date of Receipt 12 / 13 / 2023
Transaction ID : SA.969974.24.TE06
 Amount of Each Receipt this Period 39.60
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 254 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SYNNOTT, DONNA, , ,

Mailing Address 326 COUNCIL BLUFF PKWY.

City MURFREESBORO	State TN	Zip Code 37127-8317
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
503.84

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		05		2023

Transaction ID : SA.955621.24.TE06

Amount of Each Receipt this Period
22.77

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SYNNOTT, DONNA, , ,

Mailing Address 326 COUNCIL BLUFF PKWY.

City MURFREESBORO	State TN	Zip Code 37127-8317
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
503.84

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		05		2023

Transaction ID : SA.955622.24.TE06

Amount of Each Receipt this Period
75.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SYNNOTT, DONNA, , ,

Mailing Address 326 COUNCIL BLUFF PKWY.

City MURFREESBORO	State TN	Zip Code 37127-8317
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
503.84

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		13		2023

Transaction ID : SA.969362.24.TE06

Amount of Each Receipt this Period
14.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 255 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt **01 / 31 / 2023**
Transaction ID : SA.701263.24.TE06
 Amount of Each Receipt this Period 15.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt **10 / 05 / 2023**
Transaction ID : SA.879932.24.TE06
 Amount of Each Receipt this Period 14.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt **10 / 05 / 2023**
Transaction ID : SA.879957.24.TE06
 Amount of Each Receipt this Period 15.62
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 256 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2023
Transaction ID : SA.886022.24.TE06
 Amount of Each Receipt this Period
 14.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2023
Transaction ID : SA.886036.24.TE06
 Amount of Each Receipt this Period
 14.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2023
Transaction ID : SA.886043.24.TE06
 Amount of Each Receipt this Period
 14.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 257 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt 10 / 17 / 2023
Transaction ID : SA.886047.24.TE06
 Amount of Each Receipt this Period 14.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt 10 / 17 / 2023
Transaction ID : SA.886055.24.TE06
 Amount of Each Receipt this Period 14.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt 10 / 17 / 2023
Transaction ID : SA.886062.24.TE06
 Amount of Each Receipt this Period 14.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 258 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt 10 / 17 / 2023
Transaction ID : SA.886079.24.TE06
 Amount of Each Receipt this Period 15.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt 10 / 17 / 2023
Transaction ID : SA.886090.24.TE06
 Amount of Each Receipt this Period 15.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt 10 / 17 / 2023
Transaction ID : SA.886108.24.TE06
 Amount of Each Receipt this Period 15.62
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 259 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt: 10 / 17 / 2023
Transaction ID : SA.886109.24.TE06
 Amount of Each Receipt this Period: 15.62
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt: 10 / 17 / 2023
Transaction ID : SA.886112.24.TE06
 Amount of Each Receipt this Period: 15.62
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt: 10 / 24 / 2023
Transaction ID : SA.895575.24.TE06
 Amount of Each Receipt this Period: 14.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 260 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.895580.24.TE06
 Amount of Each Receipt this Period 14.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.895588.24.TE06
 Amount of Each Receipt this Period 14.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.895590.24.TE06
 Amount of Each Receipt this Period 14.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 261 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.895593.24.TE06
 Amount of Each Receipt this Period 15.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.895594.24.TE06
 Amount of Each Receipt this Period 15.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.895604.24.TE06
 Amount of Each Receipt this Period 15.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 262 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.895621.24.TE06
 Amount of Each Receipt this Period
 15.62
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.895626.24.TE06
 Amount of Each Receipt this Period
 15.62
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2023
Transaction ID : SA.895627.24.TE06
 Amount of Each Receipt this Period
 15.62
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 263 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. WIPPERMAN, LARRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 1363**

City **KAPAAU** State **HI** Zip Code **96755-1363**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2169.03**

Date of Receipt **10 / 31 / 2023**
Transaction ID : **SA.905570.24.TE06**

Amount of Each Receipt this Period **10.00**

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. WIPPERMAN, LARRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 1363**

City **KAPAAU** State **HI** Zip Code **96755-1363**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2169.03**

Date of Receipt **10 / 31 / 2023**
Transaction ID : **SA.905695.24.TE06**

Amount of Each Receipt this Period **14.85**

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. WIPPERMAN, LARRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 1363**

City **KAPAAU** State **HI** Zip Code **96755-1363**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2169.03**

Date of Receipt **10 / 31 / 2023**
Transaction ID : **SA.905700.24.TE06**

Amount of Each Receipt this Period **14.85**

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ **0.00**

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 264 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt 10 / 31 / 2023
Transaction ID : SA.905716.24.TE06
 Amount of Each Receipt this Period 15.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt 10 / 31 / 2023
Transaction ID : SA.905719.24.TE06
 Amount of Each Receipt this Period 15.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt 10 / 31 / 2023
Transaction ID : SA.905726.24.TE06
 Amount of Each Receipt this Period 15.62
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 265 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt **10 / 31 / 2023**
Transaction ID : SA.905730.24.TE06
 Amount of Each Receipt this Period 15.62
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt **11 / 07 / 2023**
Transaction ID : SA.913576.24.TE06
 Amount of Each Receipt this Period 14.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt **11 / 07 / 2023**
Transaction ID : SA.913580.24.TE06
 Amount of Each Receipt this Period 14.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 266 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. WIPPERMAN, LARRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1363

City KAPAAU State HI Zip Code 96755-1363

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2169.03

Date of Receipt 11 / 07 / 2023
Transaction ID : SA.913582.24.TE06

Amount of Each Receipt this Period 14.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. WIPPERMAN, LARRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1363

City KAPAAU State HI Zip Code 96755-1363

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2169.03

Date of Receipt 11 / 07 / 2023
Transaction ID : SA.913593.24.TE06

Amount of Each Receipt this Period 14.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. WIPPERMAN, LARRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1363

City KAPAAU State HI Zip Code 96755-1363

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2169.03

Date of Receipt 11 / 07 / 2023
Transaction ID : SA.913594.24.TE06

Amount of Each Receipt this Period 14.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 267 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt: 11 / 07 / 2023
Transaction ID : SA.913612.24.TE06
 Amount of Each Receipt this Period: 14.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt: 11 / 07 / 2023
Transaction ID : SA.913623.24.TE06
 Amount of Each Receipt this Period: 14.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt: 11 / 07 / 2023
Transaction ID : SA.913632.24.TE06
 Amount of Each Receipt this Period: 15.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 268 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt 11 / 07 / 2023
Transaction ID : SA.913635.24.TE06
 Amount of Each Receipt this Period 15.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt 11 / 07 / 2023
Transaction ID : SA.913637.24.TE06
 Amount of Each Receipt this Period 15.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt 11 / 07 / 2023
Transaction ID : SA.913665.24.TE06
 Amount of Each Receipt this Period 15.62
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 269 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2023
Transaction ID : SA.913668.24.TE06
 Amount of Each Receipt this Period
 15.62
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2023
Transaction ID : SA.913669.24.TE06
 Amount of Each Receipt this Period
 15.62
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2023
Transaction ID : SA.913670.24.TE06
 Amount of Each Receipt this Period
 15.62
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 270 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. WIPPERMAN, LARRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 1363**

City **KAPAAU** State **HI** Zip Code **96755-1363**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2169.03**

Date of Receipt **11 / 07 / 2023**

Transaction ID : SA.913672.24.TE06

Amount of Each Receipt this Period **15.62**

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. WIPPERMAN, LARRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 1363**

City **KAPAAU** State **HI** Zip Code **96755-1363**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2169.03**

Date of Receipt **11 / 07 / 2023**

Transaction ID : SA.913673.24.TE06

Amount of Each Receipt this Period **15.62**

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. WIPPERMAN, LARRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 1363**

City **KAPAAU** State **HI** Zip Code **96755-1363**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **RETIRED**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **2169.03**

Date of Receipt **11 / 07 / 2023**

Transaction ID : SA.913674.24.TE06

Amount of Each Receipt this Period **15.62**

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ **0.00**

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 271 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt
 11 / 14 / 2023
Transaction ID : SA.924639.24.TE06
 Amount of Each Receipt this Period 12.75
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt
 11 / 14 / 2023
Transaction ID : SA.924643.24.TE06
 Amount of Each Receipt this Period 14.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt
 11 / 14 / 2023
Transaction ID : SA.924650.24.TE06
 Amount of Each Receipt this Period 14.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 272 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt 11 / 14 / 2023
Transaction ID : SA.924660.24.TE06
 Amount of Each Receipt this Period 14.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2169.03

Date of Receipt 11 / 14 / 2023
Transaction ID : SA.924683.24.TE06
 Amount of Each Receipt this Period 15.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. ELISE VICTORY FUND
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 500
 City GLENS FALLS State NY Zip Code 12801-0500
 FEC ID number of contributing federal political committee. **C** C00630632
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249882.96

Date of Receipt 12 / 31 / 2023
Transaction ID : SA12.1002734
 Amount of Each Receipt this Period 51629.76
 Memo Item
 TRANSFER

SUBTOTAL of Receipts This Page (optional).....	51629.76
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 273 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BEREN, ELLEN, GINSBURG, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1739 N DUCKCROSS COVE ST
 City WICHITA State KS Zip Code 67206-3323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **HOMEMAKER** Occupation (for Individual) **HOMEMAKER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **12 / 19 / 2023**
Transaction ID : SA.971988.3.EV36
 Amount of Each Receipt this Period 5000.00
 Memo Item
TRANSFER
TRANSFER FROM ELISE VICTORY FUND

B. BLUMBERG, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 415 CENTRE IS
 City NORTH MIAMI BEACH State FL Zip Code 33160-2255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **BLUMBERG CAPITAL** Occupation (for Individual) **VENTURE CAPITAL**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **12 / 31 / 2023**
Transaction ID : SA.988737.3.EV36
 Amount of Each Receipt this Period 5000.00
 Memo Item
TRANSFER
TRANSFER FROM ELISE VICTORY FUND

C. CASSIDY, GLORIA, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 MCLEAN PT
 City WINTER HAVEN State FL Zip Code 33884-4135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **RETIRED**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **12 / 31 / 2023**
Transaction ID : SA.1002346.3.EV36
 Amount of Each Receipt this Period 1600.00
 Memo Item
TRANSFER
TRANSFER FROM ELISE VICTORY FUND

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 274 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. GIORDANO, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1340 BAPTIST CHURCH RD
 City YORKTOWN HEIGHTS State NY Zip Code 10598-5802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STEVE GIORDANO BUILDERS, INC. Occupation (for Individual) CONTRACTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt 12 / 23 / 2023
Transaction ID : SA.980566.3.EV36
 Amount of Each Receipt this Period 3300.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

B. GLAZER, ED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10250 CONSTELLATION BOULEVARD
 City LOS ANGELES State CA Zip Code 90067-6200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 15 / 2023
Transaction ID : SA.970751.3.EV36
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

C. GLAZER, SHARI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10250 CONSTELLATION BLVD
 City LOS ANGELES State CA Zip Code 90067-6200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) EXEC
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 15 / 2023
Transaction ID : SA.970752.3.EV36
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 275 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. GOLDFARB, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9545 LABELLE CT
 City DELRAY BEACH State FL Zip Code 33446-3680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LAURAND ASSOCIATES Occupation (for Individual) COMMODITIES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 22 / 2023
Transaction ID : SA.980518.3.EV36
 Amount of Each Receipt this Period 500.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

B. HEGYI, ALBERT, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 PARK AVE FL 16
 City NEW YORK State NY Zip Code 10017-5538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FIRST FINANCIAL BANK Occupation (for Individual) CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 14 / 2023
Transaction ID : SA.970697.3.EV36
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

C. KEMMERER, JOHN, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 6848
 City JACKSON State WY Zip Code 83002-6848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KEMMERER MANAGMENT CORP. Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 14 / 2023
Transaction ID : SA.970693.3.EV36
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 276 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. KEMMERER, KAREN, , ,

Mailing Address **P.O. BOX 6848**

City **JACKSON** State **WY** Zip Code **83002-6848**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3400.00**

Date of Receipt **12 / 14 / 2023**

Transaction ID : SA.970695.3.EV36

Amount of Each Receipt this Period **3400.00**

Memo Item
TRANSFER

TRANSFER FROM ELISE VICTORY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. LEWIS, EDWARD, , ,

Mailing Address **10100 EMPYREAN WAY
APT 204**

City **LOS ANGELES** State **CA** Zip Code **90067-3815**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **EDWARD G. LEWIS, A PROFESSION CORPORAT** Occupation (for Individual) **PRESIDENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **102.00**

Date of Receipt **12 / 20 / 2023**

Transaction ID : SA.979239.3.EV36

Amount of Each Receipt this Period **101.00**

Memo Item
TRANSFER

TRANSFER FROM ELISE VICTORY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. MEZZALINGUA, JOHN, , ,

Mailing Address **3384 W LAKE ST**

City **SKANEATELES** State **NY** Zip Code **13152-9601**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **JMA WIRELESS** Occupation (for Individual) **CEO**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **12 / 21 / 2023**

Transaction ID : SA.980242.3.EV36

Amount of Each Receipt this Period **5000.00**

Memo Item
TRANSFER

TRANSFER FROM ELISE VICTORY FUND

SUBTOTAL of Receipts This Page (optional)..... **0.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 277 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. PACKER, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7204 MANDARIN DR.
 City BOCA RATON State FL Zip Code 33433-7414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GLOBIS CAPITAL Occupation (for Individual) PORTFOLIO MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 18 / 2023
Transaction ID : SA.971145.3.EV36
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

B. ROSENTHAL, ROBERT, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4444 W RIVERSIDE DR. STE 303
 City BURBANK State CA Zip Code 91505-4073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 12 / 20 / 2023
Transaction ID : SA.979238.3.EV36
 Amount of Each Receipt this Period 1700.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

C. SCHWARTZBERG, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1135 RIVAS CANYON RD
 City PACIFIC PALISADES State CA Zip Code 90272-3962
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOUSING INC. Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3400.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA.995664.3.EV36
 Amount of Each Receipt this Period 3400.00
 Memo Item
 TRANSFER
 EARMARK ATTRIB: NORPAC- EARMARKS

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 278 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. STAHL, HELENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6398 AVALON POINTE CT
 City BOCA RATON State FL Zip Code 33496-4007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 18 / 2023
Transaction ID : SA.988743.3.EV36
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

B. TEXTOR, DONALD, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 381 LATTINGTOWN RD
 City LOCUST VALLEY State NY Zip Code 11560-1032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2850.00

Date of Receipt 12 / 21 / 2023
Transaction ID : SA.980244.3.EV36
 Amount of Each Receipt this Period 2000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

C. WEISS, DIANE, N., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 S OCEAN BLVD
 City BOCA RATON State FL Zip Code 33432-8529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA.995675.3.EV36
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 279 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. NORPAC- EARMARKS

Mailing Address P.O. BOX 1543

City ENGLEWOOD CLIFFS	State NJ	Zip Code 07632-0543
--------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00247403

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2023

Transaction ID : SA.995631.3.EV36

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER

SEE EARMARK ATTRIB

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HOUSE GOP BATTLEGROUND FUND

Mailing Address PO BOX 500

City GLENS FALLS	State NY	Zip Code 12801-0500
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00837492

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18251.91

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2023

Transaction ID : SA12.1002764

Amount of Each Receipt this Period
5836.08

Memo Item
TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. HILL, SHIRLEY, , ,

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
HILL & COMPANY ENTREPRENEUR

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2723.25

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2023

Transaction ID : SA.966067.31.BG04

Amount of Each Receipt this Period
- 750.00

Memo Item
TRANSFER

TRANSFER FROM HOUSE BATTLEGROUND FUND

SUBTOTAL of Receipts This Page (optional).....	5836.08
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 280 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HILL, SHIRLEY, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2023
Mailing Address 262 E MAIN ST		Transaction ID : SA.966068.31.BG04
City MOORESTOWN	State NJ	Zip Code 08057-2931
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period - 750.00
Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2723.25	TRANSFER
		TRANSFER FROM HOUSE BATTLEGROUND FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HILL, SHIRLEY, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2023
Mailing Address 262 E MAIN ST		Transaction ID : SA.979097.31.BG04
City MOORESTOWN	State NJ	Zip Code 08057-2931
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period - 26.75
Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2723.25	TRANSFER
		TRANSFER FROM HOUSE BATTLEGROUND FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HILL, SHIRLEY, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2023
Mailing Address 262 E MAIN ST		Transaction ID : SA.979223.31.BG04
City MOORESTOWN	State NJ	Zip Code 08057-2931
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period - 750.00
Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2723.25	TRANSFER
		TRANSFER FROM HOUSE BATTLEGROUND FUND

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 281 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. KELSEY, JOHN, DAVID, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 74 SILL LANE
 City OLD LYME State CT Zip Code 06371-1134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HAMILTON POINT INVESTMENTS Occupation (for Individual) INVESTMENT MANAGER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA.980514.31.BG04
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM HOUSE BATTLEGROUND FUND

B. STEPHENS, WARREN, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 CENTER ST
 City LITTLE ROCK State AR Zip Code 72201-4402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STEPHENS INC. Occupation (for Individual) CHAIRMAN PRESIDENT & CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA.995630.31.BG04
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM HOUSE BATTLEGROUND FUND

C. STEFANIK- ESPOSITO NY VICTORY
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 500
 City GLENS FALLS State NY Zip Code 12801-0500
 FEC ID number of contributing federal political committee. **C** C00854414
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4411.03

Date of Receipt 12 / 31 / 2023
Transaction ID : SA12.1002730
 Amount of Each Receipt this Period 4411.03
 Memo Item
 TRANSFER

SUBTOTAL of Receipts This Page (optional).....▶	4411.03
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 282 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. RATNER, CARYL, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43 WEST 61ST STREET
 City NEW YORK State NY Zip Code 10023-7607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JOSEPH RATNER COMPANY INC Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA.978935.37.ES01
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 EARMARK ATTRIB: LEADERSHIP AMERICA NEEDS PAC EARMARKS

B. LEADERSHIP AMERICA NEEDS PAC EARMARKS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 234
 City EAST SETAUKET State NY Zip Code 11733-0234
 FEC ID number of contributing federal political committee. **C** C00831651
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA.978933.37.ES01
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 SEE EARMARK ATTRIB

C. TEAM ELISE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 500
 City GLENS FALLS State NY Zip Code 12801-0500
 FEC ID number of contributing federal political committee. **C** C00830679
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 34778.50

Date of Receipt 12 / 31 / 2023
Transaction ID : SA12.1002955
 Amount of Each Receipt this Period 1551.83
 Memo Item
 TRANSFER

SUBTOTAL of Receipts This Page (optional).....▶	1551.83
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 283 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2023

Transaction ID : SA.707415.24.TE07

Amount of Each Receipt this Period
20.57

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2023

Transaction ID : SA.707495.24.TE07

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
919.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2023

Transaction ID : SA.972499.24.TE07

Amount of Each Receipt this Period
0.05

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 284 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. BONIN, JUDY, A., MISS,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2023
Mailing Address 187 EDGEFIELD LN			Transaction ID : SA.972819.24.TE07
City STAUNTON	State VA	Zip Code 24401-6287	Amount of Each Receipt this Period 0.10
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item	
Name of Employer (for Individual) SELF		Occupation (for Individual) HORSE BOARDING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 919.06	
			TRANSFER
			TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BONIN, JUDY, A., MISS,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2023
Mailing Address 187 EDGEFIELD LN			Transaction ID : SA.975430.24.TE07
City STAUNTON	State VA	Zip Code 24401-6287	Amount of Each Receipt this Period 8.50
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item	
Name of Employer (for Individual) SELF		Occupation (for Individual) HORSE BOARDING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 919.06	
			TRANSFER
			TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. BONIN, JUDY, A., MISS,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2023
Mailing Address 187 EDGEFIELD LN			Transaction ID : SA.975812.24.TE07
City STAUNTON	State VA	Zip Code 24401-6287	Amount of Each Receipt this Period 19.80
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item	
Name of Employer (for Individual) SELF		Occupation (for Individual) HORSE BOARDING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 919.06	
			TRANSFER
			TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 285 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2023

Transaction ID : SA.975831.24.TE07

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2023

Transaction ID : SA.975851.24.TE07

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
919.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2023

Transaction ID : SA.981305.24.TE07

Amount of Each Receipt this Period
0.05

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 286 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2023

Transaction ID : SA.981525.24.TE07

Amount of Each Receipt this Period
0.10

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2023

Transaction ID : SA.981527.24.TE07

Amount of Each Receipt this Period
0.10

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
919.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2023

Transaction ID : SA.984961.24.TE07

Amount of Each Receipt this Period
8.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 287 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2023

Transaction ID : SA.985002.24.TE07

Amount of Each Receipt this Period
8.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2023

Transaction ID : SA.985030.24.TE07

Amount of Each Receipt this Period
8.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
919.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2023

Transaction ID : SA.985062.24.TE07

Amount of Each Receipt this Period
8.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 288 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2023

Transaction ID : SA.985539.24.TE07

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2023

Transaction ID : SA.985555.24.TE07

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
919.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2023

Transaction ID : SA.985566.24.TE07

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 289 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2023

Transaction ID : SA.985632.24.TE07

Amount of Each Receipt this Period
14.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2023

Transaction ID : SA.985693.24.TE07

Amount of Each Receipt this Period
19.80

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
919.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2023

Transaction ID : SA.985734.24.TE07

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 290 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2023

Transaction ID : SA.986147.24.TE07

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2023

Transaction ID : SA.992020.24.TE07

Amount of Each Receipt this Period
8.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
919.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2023

Transaction ID : SA.992062.24.TE07

Amount of Each Receipt this Period
8.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 291 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. BONIN, JUDY, A., MISS,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 187 EDGEFIELD LN		Transaction ID : SA.992358.24.TE07
City STAUNTON	State VA	Zip Code 24401-6287
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 919.06	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BONIN, JUDY, A., MISS,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 187 EDGEFIELD LN		Transaction ID : SA.992602.24.TE07
City STAUNTON	State VA	Zip Code 24401-6287
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.75
Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 919.06	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. BONIN, JUDY, A., MISS,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 187 EDGEFIELD LN		Transaction ID : SA.992800.24.TE07
City STAUNTON	State VA	Zip Code 24401-6287
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 919.06	TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 292 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2023

Transaction ID : SA.992814.24.TE07

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2023

Transaction ID : SA.993177.24.TE07

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
919.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2023

Transaction ID : SA.994392.24.TE07

Amount of Each Receipt this Period
8.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 293 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023

Transaction ID : SA.994519.24.TE07

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023

Transaction ID : SA.996939.24.TE07

Amount of Each Receipt this Period
0.20

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
919.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023

Transaction ID : SA.997427.24.TE07

Amount of Each Receipt this Period
8.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 294 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2023

Transaction ID : SA.997561.24.TE07

Amount of Each Receipt this Period
19.80

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2023

Transaction ID : SA.999656.24.TE07

Amount of Each Receipt this Period
15.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
919.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2023

Transaction ID : SA.999671.24.TE07

Amount of Each Receipt this Period
15.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 295 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023

Transaction ID : SA.999718.24.TE07

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023

Transaction ID : SA.999774.24.TE07

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
919.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023

Transaction ID : SA.999782.24.TE07

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 296 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT AVE APT 506**

City CINCINNATI	State OH	Zip Code 45230-1160
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 19 / 2023

Transaction ID : SA.976311.24.TE07

Amount of Each Receipt this Period
39.95

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT AVE APT 506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 19 / 2023

Transaction ID : SA.976334.24.TE07

Amount of Each Receipt this Period
49.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT AVE APT 506**

City CINCINNATI	State OH	Zip Code 45230-1160
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 19 / 2023

Transaction ID : SA.976450.24.TE07

Amount of Each Receipt this Period
52.05

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 297 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT AVE APT 506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2023
Transaction ID : SA.981877.24.TE07
 Amount of Each Receipt this Period
 0.25
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT AVE APT 506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2023
Transaction ID : SA.982109.24.TE07
 Amount of Each Receipt this Period
 0.35
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT AVE APT 506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2023
Transaction ID : SA.982282.24.TE07
 Amount of Each Receipt this Period
 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 298 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT AVE APT 506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 26 / 2023

Transaction ID : SA.986415.24.TE07

Amount of Each Receipt this Period
39.95

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT AVE APT 506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 26 / 2023

Transaction ID : SA.986420.24.TE07

Amount of Each Receipt this Period
39.95

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT AVE APT 506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 26 / 2023

Transaction ID : SA.986425.24.TE07

Amount of Each Receipt this Period
39.95

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 299 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT AVE APT 506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 26 / 2023

Transaction ID : SA.986426.24.TE07

Amount of Each Receipt this Period
39.95

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT AVE APT 506**

City CINCINNATI	State OH	Zip Code 45230-1160
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 26 / 2023

Transaction ID : SA.986441.24.TE07

Amount of Each Receipt this Period
39.95

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT AVE APT 506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 26 / 2023

Transaction ID : SA.986492.24.TE07

Amount of Each Receipt this Period
46.53

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 300 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT AVE APT 506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 26 / 2023

Transaction ID : SA.986642.24.TE07

Amount of Each Receipt this Period
52.05

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT AVE APT 506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 26 / 2023

Transaction ID : SA.986686.24.TE07

Amount of Each Receipt this Period
85.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT AVE APT 506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 31 / 2023

Transaction ID : SA.993478.24.TE07

Amount of Each Receipt this Period
39.95

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 301 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT AVE APT 506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 31 / 2023

Transaction ID : SA.993482.24.TE07

Amount of Each Receipt this Period
39.95

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT AVE APT 506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 31 / 2023

Transaction ID : SA.993488.24.TE07

Amount of Each Receipt this Period
39.95

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT AVE APT 506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 31 / 2023

Transaction ID : SA.993490.24.TE07

Amount of Each Receipt this Period
39.95

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 302 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT AVE APT 506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 31 / 2023

Transaction ID : SA.993506.24.TE07

Amount of Each Receipt this Period
39.95

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT AVE APT 506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 31 / 2023

Transaction ID : SA.993726.24.TE07

Amount of Each Receipt this Period
52.05

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT AVE APT 506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 31 / 2023

Transaction ID : SA.993727.24.TE07

Amount of Each Receipt this Period
52.05

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 303 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT AVE APT 506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 31 / 2023

Transaction ID : SA.993735.24.TE07

Amount of Each Receipt this Period
52.05

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT AVE APT 506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 31 / 2023

Transaction ID : SA.994629.24.TE07

Amount of Each Receipt this Period
49.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT AVE APT 506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 31 / 2023

Transaction ID : SA.997745.24.TE07

Amount of Each Receipt this Period
85.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 304 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT AVE APT 506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA.997752.24.TE07
 Amount of Each Receipt this Period 99.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT AVE APT 506
 City CINCINNATI State OH Zip Code 45230-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA.997762.24.TE07
 Amount of Each Receipt this Period 54.63
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1145.11

Date of Receipt 12 / 31 / 2023
Transaction ID : SA.1000154.24.TE07
 Amount of Each Receipt this Period 35.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 305 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1145.11

Date of Receipt **12 / 19 / 2023**
Transaction ID : SA.975597.24.TE07
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1145.11

Date of Receipt **12 / 26 / 2023**
Transaction ID : SA.983347.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1145.11

Date of Receipt **12 / 26 / 2023**
Transaction ID : SA.986385.24.TE07
 Amount of Each Receipt this Period 35.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 306 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1145.11

Date of Receipt 12 / 31 / 2023
Transaction ID : SA.993356.24.TE07
 Amount of Each Receipt this Period 33.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. LEWIS, EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10100 EMPYREAN WAY APT 204
 City LOS ANGELES State CA Zip Code 90067-3815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EDWARD G. LEWIS, A PROFESSION CORPORAT Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 102.00

Date of Receipt 12 / 26 / 2023
Transaction ID : SA.983435.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 12 / 19 / 2023
Transaction ID : SA.972031.24.TE07
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 307 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 12 / 19 / 2023
Transaction ID : SA.972077.24.TE07
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 12 / 19 / 2023
Transaction ID : SA.972097.24.TE07
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 12 / 19 / 2023
Transaction ID : SA.972139.24.TE07
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 308 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.972142.24.TE07
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.01
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.972143.24.TE07
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.01
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.972759.24.TE07
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.10
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 309 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 19 / 2023**
Transaction ID : SA.974034.24.TE07
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 19 / 2023**
Transaction ID : SA.974244.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 19 / 2023**
Transaction ID : SA.974245.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 310 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2023
Transaction ID : SA.974271.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2023
Transaction ID : SA.974321.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2023
Transaction ID : SA.974340.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 311 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 12 / 19 / 2023
Transaction ID : SA.974408.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 12 / 19 / 2023
Transaction ID : SA.974411.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 12 / 19 / 2023
Transaction ID : SA.974460.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 312 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2023
Transaction ID : SA.974461.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2023
Transaction ID : SA.974479.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2023
Transaction ID : SA.974541.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 313 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
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 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2023
Transaction ID : SA.975173.24.TE07
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2023
Transaction ID : SA.975192.24.TE07
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2023
Transaction ID : SA.975208.24.TE07
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 314 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2023
Transaction ID : SA.980969.24.TE07
 Amount of Each Receipt this Period
 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2023
Transaction ID : SA.981019.24.TE07
 Amount of Each Receipt this Period
 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2023
Transaction ID : SA.981029.24.TE07
 Amount of Each Receipt this Period
 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 315 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2023
Transaction ID : SA.981030.24.TE07
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2023
Transaction ID : SA.981102.24.TE07
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2023
Transaction ID : SA.982761.24.TE07
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 316 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2023
Transaction ID : SA.982935.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2023
Transaction ID : SA.982963.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2023
Transaction ID : SA.982964.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 317 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.983074.24.TE07
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.983172.24.TE07
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.983224.24.TE07
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 318 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2023
Transaction ID : SA.983244.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2023
Transaction ID : SA.983272.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2023
Transaction ID : SA.983321.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 319 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2023
Transaction ID : SA.983409.24.TE07
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2023
Transaction ID : SA.983448.24.TE07
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2023
Transaction ID : SA.983452.24.TE07
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 320 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2023
Transaction ID : SA.983544.24.TE07
 Amount of Each Receipt this Period
 1.30
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2023
Transaction ID : SA.983723.24.TE07
 Amount of Each Receipt this Period
 1.98
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2023
Transaction ID : SA.983768.24.TE07
 Amount of Each Receipt this Period
 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 321 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.983779.24.TE07
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.983780.24.TE07
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.983790.24.TE07
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 322 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 26 / 2023**
Transaction ID : SA.984028.24.TE07
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 26 / 2023**
Transaction ID : SA.984030.24.TE07
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 26 / 2023**
Transaction ID : SA.984755.24.TE07
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 323 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2023
Transaction ID : SA.984762.24.TE07
 Amount of Each Receipt this Period
 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2023
Transaction ID : SA.984763.24.TE07
 Amount of Each Receipt this Period
 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2023
Transaction ID : SA.984775.24.TE07
 Amount of Each Receipt this Period
 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 324 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 12 / 31 / 2023
Transaction ID : SA.989069.24.TE07
 Amount of Each Receipt this Period 0.05
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 12 / 31 / 2023
Transaction ID : SA.989119.24.TE07
 Amount of Each Receipt this Period 0.10
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 12 / 31 / 2023
Transaction ID : SA.990019.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 325 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA.990026.24.TE07
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA.990100.24.TE07
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA.990144.24.TE07
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 326 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA.990204.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA.990205.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA.990206.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 327 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 31 / 2023**
Transaction ID : SA.990338.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 31 / 2023**
Transaction ID : SA.990417.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 31 / 2023**
Transaction ID : SA.990437.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 328 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 31 / 2023**
Transaction ID : SA.990471.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 31 / 2023**
Transaction ID : SA.990486.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt **12 / 31 / 2023**
Transaction ID : SA.990487.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 329 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA.991620.24.TE07
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA.991652.24.TE07
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA.991826.24.TE07
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 330 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 12 / 31 / 2023
Transaction ID : SA.994059.24.TE07
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 12 / 31 / 2023
Transaction ID : SA.994154.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 12 / 31 / 2023
Transaction ID : SA.994338.24.TE07
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 331 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA.994351.24.TE07
 Amount of Each Receipt this Period
 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA.996898.24.TE07
 Amount of Each Receipt this Period
 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA.997088.24.TE07
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 332 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA.997111.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA.997116.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA.997144.24.TE07
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 333 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.997203.24.TE07
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.998164.24.TE07
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.99
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.998204.24.TE07
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 334 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 Transaction ID : SA.998312.24.TE07
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 Transaction ID : SA.998313.24.TE07
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 Transaction ID : SA.998316.24.TE07
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 335 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA.998381.24.TE07
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA.998416.24.TE07
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA.998418.24.TE07
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 336 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 12 / 31 / 2023
Transaction ID : SA.998566.24.TE07
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 12 / 31 / 2023
Transaction ID : SA.998696.24.TE07
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt 12 / 31 / 2023
Transaction ID : SA.999056.24.TE07
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 337 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA.999057.24.TE07
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA.999484.24.TE07
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3815.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA.1000047.24.TE07
 Amount of Each Receipt this Period 25.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 338 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SOMMERFELD, MARGO, , ,

Mailing Address 4454 CASITAS ST

City SAN DIEGO	State CA	Zip Code 92107-4218
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
322.71

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2023

Transaction ID : SA.982867.24.TE07

Amount of Each Receipt this Period
1.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SOMMERFELD, MARGO, , ,

Mailing Address 4454 CASITAS ST

City SAN DIEGO	State CA	Zip Code 92107-4218
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
322.71

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2023

Transaction ID : SA.983810.24.TE07

Amount of Each Receipt this Period
2.08

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SOMMERFELD, MARGO, , ,

Mailing Address 4454 CASITAS ST

City SAN DIEGO	State CA	Zip Code 92107-4218
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
322.71

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2023

Transaction ID : SA.990518.24.TE07

Amount of Each Receipt this Period
1.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 339 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 322.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA.991432.24.TE07
 Amount of Each Receipt this Period 4.95
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 322.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA.999019.24.TE07
 Amount of Each Receipt this Period 4.95
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 322.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA.999170.24.TE07
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 340 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 322.71

Date of Receipt 12 / 31 / 2023
Transaction ID : SA.999460.24.TE07
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. SYNNOTT, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 326 COUNCIL BLUFF PKWY.
 City MURFREESBORO State TN Zip Code 37127-8317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 503.84

Date of Receipt 12 / 19 / 2023
Transaction ID : SA.973209.24.TE07
 Amount of Each Receipt this Period 0.20
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. SYNNOTT, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 326 COUNCIL BLUFF PKWY.
 City MURFREESBORO State TN Zip Code 37127-8317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 503.84

Date of Receipt 12 / 26 / 2023
Transaction ID : SA.981775.24.TE07
 Amount of Each Receipt this Period 0.20
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 341 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SYNNOTT, DONNA, , ,

Mailing Address 326 COUNCIL BLUFF PKWY.

City MURFREESBORO State TN Zip Code 37127-8317

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
503.84

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 26 / 2023

Transaction ID : SA.985780.24.TE07

Amount of Each Receipt this Period
20.82

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	118844.78

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

E-PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD #530

City
ARLINGTON

State
VA

Zip Code
22209

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB.3

Amount of Each Disbursement this Period

[REDACTED] 402.50

Memo Item

Full Name (Last, First, Middle Initial)

B. MRDLAW

Mailing Address 191 UNIVERSITY BOULEVARD SUITE 532

City
DENVER

State
CO

Zip Code
80206

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB.10

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CAPITOL HILL CLUB

Mailing Address 300 FIRST STREET SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB.9

Amount of Each Disbursement this Period

[REDACTED] 70.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 5472.50

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
E-PAC

A. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR

City DALLAS State TX Zip Code 75201

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 19 / 2023

FEC Identification Number: C

Transaction ID : SB.8

Amount of Each Disbursement this Period: 40.30

Memo Item

B. WINRED TECHNICAL SERVICES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD #530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 19 / 2023

FEC Identification Number: C

Transaction ID : SB.4

Amount of Each Disbursement this Period: 312.72

Memo Item

C. COMPLIANCE CONSULTING CO OF VIRGINIA LLC

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 20 / 2023

FEC Identification Number: C

Transaction ID : SB.2

Amount of Each Disbursement this Period: 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1853.02

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

E-PAC

Full Name (Last, First, Middle Initial)

A. NORTH COUNTRY STRATEGIES LLC

Mailing Address 16 NORTHERN PINES ROAD

City
GANSEVOORT

State
NY

Zip Code
12831

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			21			2023			

FEC Identification Number

C []

Transaction ID : SB.11

Amount of Each Disbursement this Period

[] 7000.00 []

Memo Item

Full Name (Last, First, Middle Initial)

B. NORTH COUNTRY STRATEGIES LLC

Mailing Address 16 NORTHERN PINES ROAD

City
GANSEVOORT

State
NY

Zip Code
12831

Purpose of Disbursement
TRAVEL/FOOD/BEVERAGES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			21			2023			

FEC Identification Number

C []

Transaction ID : SB.13

Amount of Each Disbursement this Period

[] 5705.49 []

Memo Item

Full Name (Last, First, Middle Initial)

C. TRUIST

Mailing Address 2200 WILSON BLVD SUITE 100

City
ARLINGTON

State
VA

Zip Code
22201

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			21			2023			

FEC Identification Number

C []

Transaction ID : SB.1

Amount of Each Disbursement this Period

[] 15.00 []

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[] 12720.49 []

[] [] [] [] [] [] [] [] [] []

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

E-PAC

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEW

State
CA

Zip Code
94043

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			26			2023			

FEC Identification Number

C [Redacted]

Transaction ID : SB.12

Amount of Each Disbursement this Period

[Redacted] 60.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD #530

City
ARLINGTON

State
VA

Zip Code
22209

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			26			2023			

FEC Identification Number

C [Redacted]

Transaction ID : SB.5

Amount of Each Disbursement this Period

[Redacted] 130.69

Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD #530

City
ARLINGTON

State
VA

Zip Code
22209

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2023			

FEC Identification Number

C [Redacted]

Transaction ID : SB.6

Amount of Each Disbursement this Period

[Redacted] 95.73

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[Redacted] 286.42

TOTAL This Period (last page this line number only)..... ▶

[Redacted]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

E-PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD #530

City
ARLINGTON

State
VA

Zip Code
22209

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2023			

FEC Identification Number

C

Transaction ID : SB.7

Amount of Each Disbursement this Period

214.67

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

214.67

20547.10

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

E-PAC

Full Name (Last, First, Middle Initial)

A. CELESTE FOR CONGRESS

Mailing Address PO BOX 2410

City
CEDAR CITY

State
UT

Zip Code
84721

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MALOY, CELESTE, , ,

Office Sought: House
 Senate
 President

State: UT District: 02

Disbursement For: 2023

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2023			

FEC Identification Number

C C00842765

Transaction ID : SB.29

Amount of Each Disbursement this Period

5000.00

Memo Item **SPECIAL PRIMARY DEBT**

Full Name (Last, First, Middle Initial)

B. ESPOSITO FOR CONGRESS

Mailing Address PO BOX 622

City
GOSHEN

State
NY

Zip Code
10924

Purpose of Disbursement
CONTRIBUTION

Candidate Name
ESPOSITO, ALISON, , ,

Office Sought: House
 Senate
 President

State: NY District: 18

Disbursement For: 2024

Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2023			

FEC Identification Number

C C00852889

Transaction ID : SB.16

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ESPOSITO FOR CONGRESS

Mailing Address PO BOX 622

City
GOSHEN

State
NY

Zip Code
10924

Purpose of Disbursement
CONTRIBUTION

Candidate Name
ESPOSITO, ALISON, , ,

Office Sought: House
 Senate
 President

State: NY District: 18

Disbursement For: 2024

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2023			

FEC Identification Number

C C00852889

Transaction ID : SB.20

Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

15000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name (Last, First, Middle Initial)

A. NEW YORK STATE CONSERVATIVE PARTY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	12	/	2023

Mailing Address 486 78TH STREET

FEC Identification Number

C C00282343

Transaction ID : SB.14

Amount of Each Disbursement this Period

1000.00

Memo Item

City BROOKLYN State NY Zip Code 11209

Purpose of Disbursement
CONTRIBUTION

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 023
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. GEORGE LOGAN FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	15	/	2023

Mailing Address 26 CATOONAH STREET PO BOX 72

FEC Identification Number

C C00784926

Transaction ID : SB.21

Amount of Each Disbursement this Period

5000.00

Memo Item

City RIDGEFIELD State CT Zip Code 06877

Purpose of Disbursement
CONTRIBUTION

Category/
Type

Candidate Name

LOGAN, GEORGE, , ,

Office Sought: House Senate President

Disbursement For: 2024
 Primary General
 Other (specify)

State: CT District: 05

Full Name (Last, First, Middle Initial)

C. IOWANS FOR ZACH NUNN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	15	/	2023

Mailing Address PO BOX 11

FEC Identification Number

C C00784389

Transaction ID : SB.17

Amount of Each Disbursement this Period

5000.00

Memo Item

City BONDURANT State IA Zip Code 50035

Purpose of Disbursement
CONTRIBUTION

Category/
Type

Candidate Name

NUNN, ZACH, , ,

Office Sought: House Senate President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: IA District: 03

SUBTOTAL of Disbursements This Page (optional)..... ▶

11000.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name (Last, First, Middle Initial) A. NICOLE FOR NEW YORK		Date of Disbursement MM / DD / YYYY 12 / 15 / 2023
Mailing Address PO BOX 60487		FEC Identification Number C C00694778 Transaction ID : SB.18 Amount of Each Disbursement this Period 5000.00
City STATEN ISLAND	State NY	
Zip Code 10306		Category/ Type
Purpose of Disbursement CONTRIBUTION		
Candidate Name MALLIOTAKIS, NICOLE, , ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 11	

Full Name (Last, First, Middle Initial) B. NICOLE FOR NEW YORK		Date of Disbursement MM / DD / YYYY 12 / 15 / 2023
Mailing Address PO BOX 60487		FEC Identification Number C C00694778 Transaction ID : SB.22 Amount of Each Disbursement this Period 5000.00
City STATEN ISLAND	State NY	
Zip Code 10306		Category/ Type
Purpose of Disbursement CONTRIBUTION		
Candidate Name MALLIOTAKIS, NICOLE, , ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 11	

Full Name (Last, First, Middle Initial) C. REDDY FOR KANSAS		Date of Disbursement MM / DD / YYYY 12 / 15 / 2023
Mailing Address PO BOX 15804		FEC Identification Number C C00845347 Transaction ID : SB.23 Amount of Each Disbursement this Period 5000.00
City LENEXA	State KS	
Zip Code 66285		Category/ Type
Purpose of Disbursement CONTRIBUTION		
Candidate Name REDDY, PRASANTH, , ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KS	District: 03	

SUBTOTAL of Disbursements This Page (optional)..... ▶

15000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name (Last, First, Middle Initial) A. ROB FOR PA		Date of Disbursement MM / DD / YYYY 12 / 15 / 2023
Mailing Address PO BOX 971		FEC Identification Number C00852137 Transaction ID : SB.24
City PITSTON	State PA	Zip Code 18640
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name BRESNAHAN, ROB, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 08	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. THERIAULT FOR CONGRESS		Date of Disbursement MM / DD / YYYY 12 / 15 / 2023
Mailing Address PO BOX 291		FEC Identification Number C00852061 Transaction ID : SB.25
City FORT KENT	State ME	Zip Code 04743
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name THERIAULT, AUSTIN, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME	District: 02	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. CLAUDIA TENNEY FOR CONGRESS		Date of Disbursement MM / DD / YYYY 12 / 19 / 2023
Mailing Address PO BOX 378		FEC Identification Number C00632828 Transaction ID : SB.26
City VICTORY	State NY	Zip Code 14564
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name TENNEY, CLAUDIA, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 24	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name (Last, First, Middle Initial) A. MAZI FOR CONGRESS		Date of Disbursement MM / DD / YYYY 12 / 19 / 2023
Mailing Address 228 S. WASHINGTON ST SUITE 115		FEC Identification Number C 00860429 Transaction ID : SB.28
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name PILIP, MAZI, , ,		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item SPECIAL GENERAL
State: NY	District: 03	

Full Name (Last, First, Middle Initial) B. TONY GONZALES FOR CONGRESS		Date of Disbursement MM / DD / YYYY 12 / 19 / 2023
Mailing Address 14439 NW MILITARY HWY STE 108-488		FEC Identification Number C 00706614 Transaction ID : SB.19
City SAN ANTONIO	State TX	Zip Code 78231
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 2000.00
Candidate Name GONZALES, ERNEST, ANTHONY, ,		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: TX	District: 23	

Full Name (Last, First, Middle Initial) C. TONY GONZALES FOR CONGRESS		Date of Disbursement MM / DD / YYYY 12 / 19 / 2023
Mailing Address 14439 NW MILITARY HWY STE 108-488		FEC Identification Number C 00706614 Transaction ID : SB.27
City SAN ANTONIO	State TX	Zip Code 78231
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 3000.00
Candidate Name GONZALES, ERNEST, ANTHONY, ,		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: TX	District: 23	

SUBTOTAL of Disbursements This Page (optional)..... ▶

10000.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

E-PAC

Full Name (Last, First, Middle Initial)

A. DAN-PAFIRST PAC

Mailing Address PO BOX 183

City
HUDSON

State
WI

Zip Code
54016

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For: 023

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2023			

FEC Identification Number

C C00708172

Transaction ID : SB.15

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2500.00

TOTAL This Period (last page this line number only)..... ▶

68500.00