

# 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**  
**Defend Our Conservative Senate PAC (DOC'S PAC)**

ADDRESS (number and street) **PO Box 26141**  
Check if different than previously reported. (ACC) **Alexandria VA 22313**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00632323** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  **11** /  **03** /  **2020** in the State of  **KS**

5. Covering Period  **10** /  **15** /  **2020** through  **11** /  **23** /  **2020**

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

Signature of Treasurer Marston, Chris, , , [Electronically Filed] Date  **12** /  **03** /  **2020**

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**Defend Our Conservative Senate PAC (DOC'S 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="2020"/>	<input type="text" value="0.05"/>	<input type="text" value="0.05"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="44888.70"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="76361.98"/>	<input type="text" value="229431.15"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="121250.68"/>	<input type="text" value="229431.20"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="30250.45"/>	<input type="text" value="138430.97"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="91000.23"/>	<input type="text" value="91000.23"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

**Defend Our Conservative Senate PAC (DOC'S PAC)**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 15 / 2020 To: M M / D D / Y Y Y Y 11 / 23 / 2020

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).....	0.00	12000.00
(ii) Unitemized .....	0.00	55.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	12055.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	25000.00	75500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	25000.00	87555.00
12. Transfers From Affiliated/Other Party Committees.....	48382.35	125620.70
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).....	779.63	14055.45
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2200.00	2200.00
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)).....▶	76361.98	229431.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	76361.98	229431.15

**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 .....	14080.45	60960.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	14080.45	60960.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15700.00	67000.00
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).....	470.00	10470.00
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)) ..	30250.45	138430.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30250.45	138430.97

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	25000.00	87555.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	25000.00	87555.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	14080.45	60960.97
37. Offsets to Operating Expenditures (from Line 15, page 3).....	779.63	14055.45
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	13300.82	46905.52

**SCHEDULE A (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 28
<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)  
**Defend Our Conservative Senate PAC (DOC'S PAC)**

**A. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1120 CONNECTICUT AVENUE NW  
 SUITE 600  
 City WASHINGTON State DC Zip Code 20036-3971  
 FEC ID number of contributing federal political committee. **C** C00004275  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **10 / 16 / 2020**  
**Transaction ID : SA11C.26344**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
**CONTRIBUTION**

**B. AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1891 PRESTON WHITE DRIVE  
 City RESTON State VA Zip Code 20191-4326  
 FEC ID number of contributing federal political committee. **C** C00343459  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **10 / 30 / 2020**  
**Transaction ID : SA11C.29631**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
**CONTRIBUTION**

**C. AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1505 PRINCE STREET  
 SUITE 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 **10 / 27 / 2020**  
**Transaction ID : SA11C.28723**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
**CONTRIBUTION**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 28
<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)  
**Defend Our Conservative Senate PAC (DOC'S PAC)**

**A. ATLAS AIR WORLDWIDE HOLDINGS, INC. POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2000 WESTCHESTER AVENUE

City PURCHASE	State NY	Zip Code 10577-2538
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FEC ID number of contributing federal political committee. **C** C00478099

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
10	/	27	/	2020

**Transaction ID : SA11C.28722**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**B. HOLLYFRONTIER CORPORATION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2828 N. HARWOOD STREET SUITE 1300

City DALLAS	State TX	Zip Code 75201-2174
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FEC ID number of contributing federal political committee. **C** C00342766

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2020

**Transaction ID : SA11C.26920**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1325 MASSACHUSETTS AVE., NW

City WASHINGTON	State DC	Zip Code 20005-4171
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FEC ID number of contributing federal political committee. **C** C00238725

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2020

**Transaction ID : SA11C.28664**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

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

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

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

FOR LINE NUMBER: PAGE 8 OF 28  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Defend Our Conservative Senate PAC (DOC'S PAC)**

**A. US RADIOLOGY SPECIALISTS PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 305 CHURCH AT NORTH HILLS STREET  
SUITE 1250

City RALEIGH	State NC	Zip Code 27609-2676
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FEC ID number of contributing federal political committee. **C** C00714303

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2020

**Transaction ID : SA11C.28724**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**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 M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
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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 M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	25000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Defend Our Conservative Senate PAC (DOC'S PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. TEAM MARSHALL II**

Mailing Address PO BOX 26141

City ALEXANDRIA	State VA	Zip Code 22313-6141
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FEC ID number of contributing federal political committee. **C** C00755074

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
125620.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2020

**Transaction ID : SA12.26931**

Amount of Each Receipt this Period  
48382.35

Memo Item  
TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. ANDERSON, DANA, K., ,**

Mailing Address 100 FALL CREEK RD

City LAWRENCE	State KS	Zip Code 66049-9067
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2020

**Transaction ID : SA.26696.9.8006**

Amount of Each Receipt this Period  
1000.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM MARSHAL II

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

Mailing Address 4528 BOURBON RD.

City MUSCOTAH	State KS	Zip Code 66058-3059
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2020

**Transaction ID : SA.25643.9.8006**

Amount of Each Receipt this Period  
2500.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM MARSHAL II

<b>SUBTOTAL</b> of Receipts This Page (optional).....	48382.35
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Defend Our Conservative Senate PAC (DOC'S PAC)**

**A. BAYER, BRENT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 HARVARD PLACE  
 City MANHATTAN State KS Zip Code 66503-3037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) CONSULTING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 10 / 21 / 2020  
**Transaction ID : SA.26664.9.8006**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM MARSHAL II

**B. BRISMAN, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 PINETREE LANE  
 City OLD WESTBURY State NY Zip Code 11568-1118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NEUROLOGICAL SURGERY PC Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 08 / 2020  
**Transaction ID : SA.23651.9.8006**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM MARSHAL II

**C. BRISMAN, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 PINETREE LANE  
 City OLD WESTBURY State NY Zip Code 11568-1118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NEUROLOGICAL SURGERY PC Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 15 / 2020  
**Transaction ID : SA.25374.9.8006**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM MARSHAL II

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Defend Our Conservative Senate PAC (DOC'S PAC)**

**A. BROIN, JEFF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 809 W 3RD ST  
 City DELL RAPIDS State SD Zip Code 57022-1814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) POET Occupation (for Individual) CHAIRMAN & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : SA.24845.9.8006**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM MARSHAL II

**B. BUKATY, MAUREEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14548  
 City LEAWOOD State KS Zip Code 66224-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BUKATY COMPANIES Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 20 / 2020  
**Transaction ID : SA.26432.9.8006**  
 Amount of Each Receipt this Period 2200.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM MARSHAL II

**C. FRANCIS, JOHN, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2413 DOVE TERRACE  
 City GREAT BEND State KS Zip Code 67530-6812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FRANCIS FINANCIAL SERVICES Occupation (for Individual) REGISTERED REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 01 / 2020  
**Transaction ID : SA.22681.9.8006**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM MARSHAL II

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Defend Our Conservative Senate PAC (DOC'S PAC)**

**A. HARSHBERGER, GARY, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302, UNIVERSITY DR  
 City DODGE CITY State KS Zip Code 67801-2946  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) AGRICULTURE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 12 / 2020  
**Transaction ID : SA.16490.9.8006**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM MARSHAL II

**B. HARSHBERGER, MELANIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 UNIVERSITY DR  
 City DODGE CITY State KS Zip Code 67801-2946  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EDWARD JONES Occupation (for Individual) FINANCIAL ADVISOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 20 / 2020  
**Transaction ID : SA.25840.9.8006**  
 Amount of Each Receipt this Period 2200.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM MARSHAL II

**C. HEGYI, ALBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 795 HULLS FARM ROAD  
 City FAIRFIELD State CT Zip Code 06890-1029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1ST FINANCIAL BANK Occupation (for Individual) BANKER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 06 / 2020  
**Transaction ID : SA.23288.9.8006**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM MARSHAL II

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Defend Our Conservative Senate PAC (DOC'S PAC)**

**A. LEVY, EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 970 SHIRLEY ROAD  
 City BIRMINGHAM State MI Zip Code 48009-3730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EDW. C. LEVY CO. Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 12 / 2020  
**Transaction ID : SA.24342.9.8006**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM MARSHAL II

**B. OBERBECK, CHRISTIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 535 MADISON AVE  
 City NEW YORK State NY Zip Code 10022-4214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SARATOGA PARTNERS Occupation (for Individual) INVESTMENT MANAGEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : SA.24550.9.8006**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM MARSHAL II

**C. SPORER, TROY, MICHEAL, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 230  
 City OAKLEY State KS Zip Code 67748-0230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SPORER LAND DEVELOPMENT Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : SA.23816.9.8006**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM MARSHAL II

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Defend Our Conservative Senate PAC (DOC'S PAC)**

**A. TEMPLETON, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10455 STRAIT LANE  
 City DALLAS State TX Zip Code 75229-6537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) INVESTMENTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 22 / 2020  
**Transaction ID : SA.26921.9.8006**  
 Amount of Each Receipt this Period 2200.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM MARSHAL II

**B. TORLUEMKE, JEFF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 474  
 1501 KING ST.  
 City HOXIE State KS Zip Code 67740-0474  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 20 / 2020  
**Transaction ID : SA.26346.9.8006**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM MARSHAL II

**C. WESTMARK, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1833 EGRET BAY BOULEVARD  
 City HOUSTON State TX Zip Code 77058-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 02 / 2020  
**Transaction ID : SA.22491.9.8006**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM MARSHAL II

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Defend Our Conservative Senate PAC (DOC'S PAC)**

**A. WESTMARK, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1833 EGRET BAY BOULEVARD

City HOUSTON	State TX	Zip Code 77058-
-----------------	-------------	--------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) MD
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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 / 20 / 2020

**Transaction ID : SA.25642.9.8006**

Amount of Each Receipt this Period  
4800.00

Memo Item  
TRANSFER

TRANSFER FROM TEAM MARSHAL II

**B. WHITE, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 MANATEE INLET

City VERO BEACH	State FL	Zip Code 32963-3731
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2020

**Transaction ID : SA.26166.9.8006**

Amount of Each Receipt this Period  
2200.00

Memo Item  
TRANSFER

TRANSFER FROM TEAM MARSHAL II

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	48382.35

**SCHEDULE A (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 28
<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)  
**Defend Our Conservative Senate PAC (DOC'S PAC)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**KANSANS FOR MARSHALL**

Mailing Address **PO BOX 1588**

City <b>GREAT BEND</b>	State <b>KS</b>	Zip Code <b>67530</b>
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C C00576173**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**779.63**

Date of Receipt  
**10 / 22 / 2020**

**Transaction ID : SA15.7728**

Amount of Each Receipt this Period  
**779.63**

Memo Item  
**REIMBURSEMENT FOR INADVERTENT CAMPAIGN C**

**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 \_\_\_\_\_

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 \_\_\_\_\_

Amount of Each Receipt this Period \_\_\_\_\_

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>779.63</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>779.63</b>



**SCHEDULE A (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 28
<input 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 checked="" type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Defend Our Conservative Senate PAC (DOC'S PAC)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ANDY BARR FOR CONGRESS, INC.**

Mailing Address **PO BOX 2059**

City <b>LEXINGTON</b>	State <b>KY</b>	Zip Code <b>40588</b>
--------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C** **C00467571**

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

Aggregate Year-to-Date ▼ **2200.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	10	/	2020

**Transaction ID : SA16.6212**

Amount of Each Receipt this Period  

2200.00
---------

Memo Item  
**OTL CONTRIBUTION RETURNED**

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period  

--

Memo Item

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period  

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Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>2200.00</b>

**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)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

Full Name (Last, First, Middle Initial)

**A. CONAFAY, STEPHEN, , ,**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2020			

Mailing Address 8317 PERSIMMON TREE ROAD

City  
BETHESDA

State  
MD

Zip Code  
20817

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I6202**  
Amount of Each Disbursement this Period

[REDACTED] 666.86

Purpose of Disbursement  
REIMBURSEMENT (ITEMIZED BELOW)

[REDACTED]

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**B. CONGRESSIONAL COUNTRY CLUB**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			02			2020			

Mailing Address 8500 RIVER RD

City  
BETHESDA

State  
MD

Zip Code  
20817

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I6203**  
Amount of Each Disbursement this Period

[REDACTED] 666.86

Purpose of Disbursement  
FUNDRAISING EVENT

[REDACTED]

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**C. AGUA**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2020			

Mailing Address 301 WATER ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I7750**  
Amount of Each Disbursement this Period

[REDACTED] 475.00

Purpose of Disbursement  
FOOD/BEVERAGE

[REDACTED]

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Memo Item

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

[REDACTED] 1141.86

**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)  
**Defend Our Conservative Senate PAC (DOC'S PAC)**

Full Name (Last, First, Middle Initial)

**A. BLUE MOOSE**

Mailing Address 3030 SOUTHWEST WANAMAKER DRIVE

City TOPEKA State KS Zip Code 66614

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2020

FEC Identification Number

C  
**Transaction ID : SB21B.I7755**  
Amount of Each Disbursement this Period  
215.78

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITAL GRILLE**

Mailing Address 601 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2020

FEC Identification Number

C  
**Transaction ID : SB21B.I7752**  
Amount of Each Disbursement this Period  
320.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CHURCHILL'S**

Mailing Address 4025 SOUTHWEST GAGE CENTER DRIVE

City TOPEKA State KS Zip Code 66604

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2020

FEC Identification Number

C  
**Transaction ID : SB21B.I7746**  
Amount of Each Disbursement this Period  
591.87

Memo Item

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

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

1127.65

**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)  
**Defend Our Conservative Senate PAC (DOC'S PAC)**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
DATABASE SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 20 / 2020

FEC Identification Number

C  
Transaction ID : SB21B.I7731  
Amount of Each Disbursement this Period  
250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL RD

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
DATABASE SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2020

FEC Identification Number

C  
Transaction ID : SB21B.I7749  
Amount of Each Disbursement this Period  
250.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. COFFEYVILLE JOURNAL**

Mailing Address 302 WEST 8TH STREET

City COFFEYVILLE State KS Zip Code 67337

Purpose of Disbursement  
ADVERTISING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2020

FEC Identification Number

C  
Transaction ID : SB21B.I7735  
Amount of Each Disbursement this Period  
359.87

Memo Item UNINTENTIONAL CAMPAIGN EXPENSE TO BE REIMBURSED

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

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

859.87

**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)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

Full Name (Last, First, Middle Initial)

**A. DOC SHOP, LLC**

Mailing Address 499 SOUTH CAPITOL STREET NW  
SUITE 405

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I6200  
Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DOC SHOP, LLC**

Mailing Address 499 SOUTH CAPITOL STREET NW  
SUITE 405

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 12 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I7210  
Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. HOUSE GIFT SHOP**

Mailing Address US HOUSE OF REPRESENTATIVES

City WASHINGTON State DC Zip Code 20510

Purpose of Disbursement  
DONOR RECOGNITION

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 13 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I7747  
Amount of Each Disbursement this Period

[REDACTED] 1267.50

Memo Item

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

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

[REDACTED] 2267.50

[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)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

Full Name (Last, First, Middle Initial)

**A. HOUSE GIFT SHOP**

Mailing Address US HOUSE OF REPRESENTATIVES

City WASHINGTON

State DC

Zip Code 20510

Purpose of Disbursement DONOR RECOGNITION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			20	20		

FEC Identification Number

C [ ]

Transaction ID : SB21B.I7754

Amount of Each Disbursement this Period

[ ] 20.20 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**B. INDEPENDENCE DAILY REPORTER**

Mailing Address 320 NORTH 6TH STREET

City INDEPENDENCE

State KS

Zip Code 67301

Purpose of Disbursement PRINT ADVERTISING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			20	20		

FEC Identification Number

C [ ]

Transaction ID : SB21B.I7740

Amount of Each Disbursement this Period

[ ] 425.62 [ ]

Memo Item UNINTENTIONAL CAMPAIGN EXPENSE TO BE REIMBURSED

Full Name (Last, First, Middle Initial)

**C. KNZA INC**

Mailing Address 1828 U.S. 73

City HIAWATHA

State KS

Zip Code 66434

Purpose of Disbursement ADVERTISING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			20	20		

FEC Identification Number

C [ ]

Transaction ID : SB21B.I7736

Amount of Each Disbursement this Period

[ ] 406.00 [ ]

Memo Item UNINTENTIONAL CAMPAIGN EXPENSE TO BE REIMBURSED

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

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

[ ] 851.82 [ ]

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**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)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

Full Name (Last, First, Middle Initial)

**A. O'DONNELL & ASSOCIATES, LTD.**

Mailing Address 829 EMERALD DR.

City  
ALEXANDRIA

State  
VA

Zip Code  
22308

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			20	20		

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I7753**  
Amount of Each Disbursement this Period  
[ ] 1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. O'DONNELL & ASSOCIATES, LTD.**

Mailing Address 829 EMERALD DR.

City  
ALEXANDRIA

State  
VA

Zip Code  
22308

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			20	20		

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I7756**  
Amount of Each Disbursement this Period  
[ ] 1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. SULLIVAN'S STEAKHOUSE**

Mailing Address 4501 W 119TH ST

City  
LEAWOOD

State  
KS

Zip Code  
66209

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			20	20		

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I7734**  
Amount of Each Disbursement this Period  
[ ] 310.00

Memo Item

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

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

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
						3310.00			

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

Full Name (Last, First, Middle Initial)

**A. SULLIVAN'S STEAKHOUSE**

Mailing Address 4501 W 119TH ST

City  
LEAWOOD

State  
KS

Zip Code  
66209

Purpose of Disbursement  
FOOD/BEVERAGE

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
10			26			2020			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I7737

Amount of Each Disbursement this Period

[REDACTED] 1020.90

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE DERBY INFORMER**

Mailing Address 219 EAST MADISON AVENUE

City  
DERBY

State  
KS

Zip Code  
67037

Purpose of Disbursement  
NEWSPAPER ADVERTISING

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
10			29			2020			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I7741

Amount of Each Disbursement this Period

[REDACTED] 476.00

UNINTENTIONAL CAMPAIGN  
CHARGE TO BE REIMBURSED

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE STANTON GROUP, LLC**

Mailing Address 3410 ALABAMA AVE

City  
ALEXANDRIA

State  
VA

Zip Code  
22305

Purpose of Disbursement  
FUNDRAISING CONSULTING

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
10			27			2020			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I6206

Amount of Each Disbursement this Period

[REDACTED] 2250.00

Memo Item

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

[REDACTED] 3746.90

**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)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

Full Name (Last, First, Middle Initial)

**A. TIMES-SENTINEL NEWSPAPERS LLC**

Mailing Address PO BOX 544

City  
CHENEY

State  
KS

Zip Code  
67025

Purpose of Disbursement  
NEWSPAPER ADVERTISING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			02			2020					

FEC Identification Number

C

Transaction ID : SB21B.I7743

Amount of Each Disbursement this Period

342.50

Memo Item UNINTENTIONAL CAMPAIGN CHARGE TO BE REIMBURSED

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	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	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)..... ▶

342.50

13648.10

**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)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

Full Name (Last, First, Middle Initial)

**A. ANDY BARR FOR CONGRESS, INC.**

Mailing Address PO BOX 2059

City  
LEXINGTON

State  
KY

Zip Code  
40588

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**BARR, GARLAND, ANDY, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2020			

FEC Identification Number

**C** C00467571

**Transaction ID : SB23.I6213**

Amount of Each Disbursement this Period

2200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BERGMANFORCONGRESS**

Mailing Address N3465 SYLVAN ISLE DRIVE

City  
WATERSMEET

State  
MI

Zip Code  
49969

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**BERGMAN, JOHN, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: MI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2020			

FEC Identification Number

**C** C00614214

**Transaction ID : SB23.I6205**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. GEORGIANS FOR KELLY LOEFFLER**

Mailing Address PO BOX 20036

City  
ATLANTA

State  
GA

Zip Code  
30325

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**LOEFFLER, KELLY, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: GA District: RUNOFF

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2020			

FEC Identification Number

**C** C00729608

**Transaction ID : SB23.I6210**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

8700.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

Full Name (Last, First, Middle Initial)

**A. GREATER TOMORROW POLITICAL ACTION COMMITTEE**

Mailing Address 25452 BRICKELL DRIVE

City CHANTILLY State VA Zip Code 20152

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2020

FEC Identification Number

C C00526715

Transaction ID : SB23.I6209

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TEAM PERDUE**

Mailing Address C/O RED CURVE SOLUTIONS  
138 CONANT STREET, 2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2020  Primary  General  Other (specify) RUNOFF

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2020

FEC Identification Number

C C00578542

Transaction ID : SB23.I6211

Amount of Each Disbursement this Period

5000.00

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 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)..... ▶

7000.00

15700.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Defend Our Conservative Senate PAC (DOC'S PAC)**

Full Name (Last, First, Middle Initial)

### A. SUPPORT THE BLUE NOW

Mailing Address 9370 WEST LARAWAY ROAD  
SUITE E

City FRANKFORT State IL Zip Code 60423

Purpose of Disbursement  
CHARITABLE CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2020			

FEC Identification Number

C [ ]

Transaction ID : SB29.I7739

Amount of Each Disbursement this Period

[ ] 470.00

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)..... ▶

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

[ ] 470.00

[ ] 470.00