

**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

C3 PAC

ADDRESS (number and street)

1390 CHAIN BRIDGE RD

SUITE 515

Check if different
than previously
reported. (ACC)

MCLEAN

VA

22101

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00680314

3. IS THIS
REPORTNEW
(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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
03 01 2020

through

M M M / D D D / Y Y Y Y Y Y
03 31 2020

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

OZANUS, WILLIAM, K, ,

Type or Print Name of Treasurer

Signature of Treasurer

OZANUS, WILLIAM, K, ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 17 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.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

C3 PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
03		01		2020

To:

M M	/	D D	/	Y Y Y Y Y
03		31		2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2020</td></tr></table>	Y	Y	Y	Y	Y	2020						<table><tr><td colspan="5">46004.07</td></tr></table>	46004.07				
Y	Y	Y	Y	Y													
2020																	
46004.07																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">30561.82</td></tr></table>	30561.82															
30561.82																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">28978.73</td></tr></table>	28978.73					<table><tr><td colspan="5">106995.54</td></tr></table>	106995.54									
28978.73																	
106995.54																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">59540.55</td></tr></table>	59540.55					<table><tr><td colspan="5">152999.61</td></tr></table>	152999.61									
59540.55																	
152999.61																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">30120.74</td></tr></table>	30120.74					<table><tr><td colspan="5">123579.80</td></tr></table>	123579.80									
30120.74																	
123579.80																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">29419.81</td></tr></table>	29419.81					<table><tr><td colspan="5">29419.81</td></tr></table>	29419.81									
29419.81																	
29419.81																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

C3 PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
03	/	01	/	2020

To:

M M	/	D D	/	Y Y Y Y
03	/	31	/	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).....

6296.40

13344.60

(ii) Unitemized

22682.33

93650.94

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

28978.73

106995.54

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

28978.73

106995.54

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

28978.73

106995.54

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

28978.73

106995.54

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	30120.74	122602.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	30120.74	122602.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	977.40
(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	977.40
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	30120.74	123579.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30120.74	123579.80

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	28978.73	106995.54
34. Total Contribution Refunds (from Line 28(d))	0.00	977.40
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28978.73	106018.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	30120.74	122602.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	30120.74	122602.40

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

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

FOR LINE NUMBER: PAGE 6 OF 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

C3 PAC

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

A. ALEXANDEF, WAITE, , ,

Mailing Address 4821 S LANDINGS DR, UNIT 403

City

FORT MYERS

State

FL

Zip Code

33919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2020

Transaction ID : SA11AI.20765

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. ALEXANDEF, WAITE, , ,

Mailing Address 4821 S LANDINGS DR, UNIT 403

City

FORT MYERS

State

FL

Zip Code

33919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 20 / 2020

Transaction ID : SA11AI.20758

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

C. ALEXANDEF, WAITE, , ,

Mailing Address 4821 S LANDINGS DR, UNIT 403

City

FORT MYERS

State

FL

Zip Code

33919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 20 / 2020

Transaction ID : SA11AI.20759

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

130.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. ALEXANDEF, WAITE, , ,

Mailing Address 4821 S LANDINGS DR, UNIT 403

City
FORT MYERS

State
FL

Zip Code
33919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 20 / 2020

Transaction ID : SA11AI.20760

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

B. ALEXANDEF, WAITE, , ,

Mailing Address 4821 S LANDINGS DR, UNIT 403

City
FORT MYERS

State
FL

Zip Code
33919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 20 / 2020

Transaction ID : SA11AI.20761

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

C. ALEXANDEF, WAITE, , ,

Mailing Address 4821 S LANDINGS DR, UNIT 403

City
FORT MYERS

State
FL

Zip Code
33919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 20 / 2020

Transaction ID : SA11AI.20762

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

45.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. ALEXANDER, WAITE, , ,

Mailing Address 4821 S LANDINGS DR, UNIT 403

City
FORT MYERS

State
FL

Zip Code
33919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2020

Transaction ID : SA11AI.19966

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. ALEXANDER, WAITE, , ,

Mailing Address 4821 S LANDINGS DR, UNIT 403

City
FORT MYERS

State
FL

Zip Code
33919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 02 / 2020

Transaction ID : SA11AI.19965

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. ALEXANDER, WAITE, , ,

Mailing Address 4821 S LANDINGS DR, UNIT 403

City
FORT MYERS

State
FL

Zip Code
33919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2020

Transaction ID : SA11AI.20161

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

65.00

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

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

FOR LINE NUMBER: PAGE 9 OF 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. ALEXANDER, WAITE, , ,

Mailing Address 4821 S LANDINGS DR, UNIT 403

City
FORT MYERS

State
FL

Zip Code
33919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2020

Transaction ID : SA11AI.20162

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. ALEXANDER, WAITE, , ,

Mailing Address 4821 S LANDINGS DR, UNIT 403

City
FORT MYERS

State
FL

Zip Code
33919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2020

Transaction ID : SA11AI.20163

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. ALEXANDER, WAITE, , ,

Mailing Address 4821 S LANDINGS DR, UNIT 403

City
FORT MYERS

State
FL

Zip Code
33919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2020

Transaction ID : SA11AI.20164

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

75.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. ALEXANDER, WAITE, , ,

Mailing Address 4821 S LANDINGS DR, UNIT 403

City
FORT MYERS

State
FL

Zip Code
33919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1465.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 09 / 2020

Transaction ID : SA11AI.20159

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. ALEXANDER, WAITE, , ,

Mailing Address 4821 S LANDINGS DR, UNIT 403

City
FORT MYERS

State
FL

Zip Code
33919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1490.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 09 / 2020

Transaction ID : SA11AI.20160

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. ALEXANDER, WAITE, , ,

Mailing Address 4821 S LANDINGS DR, UNIT 403

City
FORT MYERS

State
FL

Zip Code
33919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1540.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 27 / 2020

Transaction ID : SA11AI.21076

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

100.00

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 11 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. ALEXANDER, WAITE, , ,

Mailing Address 4821 S LANDINGS DR, UNIT 403

City
FORT MYERS

State
FL

Zip Code
33919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1590.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2020

Transaction ID : SA11AI.21077

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. ALEXANDER, WAITE, , ,

Mailing Address 4821 S LANDINGS DR, UNIT 403

City
FORT MYERS

State
FL

Zip Code
33919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1640.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2020

Transaction ID : SA11AI.21078

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. ALEXANDER, WAITE, , ,

Mailing Address 4821 S LANDINGS DR, UNIT 403

City
FORT MYERS

State
FL

Zip Code
33919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2020

Transaction ID : SA11AI.21079

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. ALEXANDER, WAITE, , ,

Mailing Address 4821 S LANDINGS DR, UNIT 403

City
FORT MYERS

State
FL

Zip Code
33919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1740.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2020

Transaction ID : SA11AI.21080

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. ALEXANDER, WAITE, , ,

Mailing Address 4821 S LANDINGS DR, UNIT 403

City
FORT MYERS

State
FL

Zip Code
33919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1790.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2020

Transaction ID : SA11AI.21081

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. ALEXANDER, WAITE, , ,

Mailing Address 4821 S LANDINGS DR, UNIT 403

City
FORT MYERS

State
FL

Zip Code
33919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2020

Transaction ID : SA11AI.21082

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line 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 13 OF 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. ALEXANDER, WAITE, , ,

Mailing Address 4821 S LANDINGS DR, UNIT 403

City
FORT MYERS

State
FL

Zip Code
33919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1890.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2020

Transaction ID : SA11AI.21083

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. ALEXANDER, WAITE, , ,

Mailing Address 4821 S LANDINGS DR, UNIT 403

City
FORT MYERS

State
FL

Zip Code
33919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1940.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2020

Transaction ID : SA11AI.21084

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. ALEXANDER, WAITE, , ,

Mailing Address 4821 S LANDINGS DR, UNIT 403

City
FORT MYERS

State
FL

Zip Code
33919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1985.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 29 / 2020

Transaction ID : SA11AI.21075

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

145.00

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

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. ALMON, JEANETTE, , ,

Mailing Address 5025 WOODMEADOW DR

City
FORT WORTH

State
TX

Zip Code
76135

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

LPCS (LIC PROF COUNSELOR)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2020

Transaction ID : SA11AI.21188

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. ANDERSON, LEONARD, , ,

Mailing Address 18 DOLCE LUNA COURT

City
HENDERSON

State
NV

Zip Code
89011

FEC ID number of contributing
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

M M / D D / Y Y Y Y Y Y
03 / 30 / 2020

Transaction ID : SA11AI.21248

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. ARDOLINA, XIOMARA, , ,

Mailing Address 23333 4 CHIMNEYS LANE

City
MIDDLEBURG

State
VA

Zip Code
20117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NOT EMPLOYD

Occupation (for Individual)

WAS A RESTAURANT OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

286.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2020

Transaction ID : SA11AI.20109

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

250.00

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. ARDOLINA, XIOMARA, , ,

Mailing Address 23333 4 CHIMNEYS LANE

City
MIDDLEBURG

State
VA

Zip Code
20117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOT EMPLOYD

Occupation (for Individual)
WAS A RESTAURANT OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 20 / 2020

Transaction ID : SA11AI.20715

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. BENADO, ERIN, , ,

Mailing Address 2590 BLACK RIVER RD.

City
BETHLEHEM

State
PA

Zip Code
18015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2020

Transaction ID : SA11AI.20097

Amount of Each Receipt this Period

101.00

☐ Memo Item
CONTRIBUTION

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

C. CASSIDY, AL, , ,

Mailing Address 2954 PLANTATION ROAD

City
WINTER HAVEN

State
FL

Zip Code
33884

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
REAL ESTATE DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 10 / 2020

Transaction ID : SA11AI.20157

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

226.00

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. CHEATHAM, NANCY, M, ,

Mailing Address 811 WEST GRAY STREET

City
HOUSTONState
TXZip Code
77019FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COMMAND VENTURES INCOccupation (for Individual)
CONTROLLET

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2020

Transaction ID : SA11AI.20853

Amount of Each Receipt this Period

110.00

☐ Memo Item
CONTRIBUTION

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

B. CHEATHAM, NANCY, M, ,

Mailing Address 811 WEST GRAY STREET

City
HOUSTONState
TXZip Code
77019FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COMMAND VENTURES INCOccupation (for Individual)
CONTROLLET

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 24 / 2020

Transaction ID : SA11AI.21191

Amount of Each Receipt this Period

120.00

☐ Memo Item
CONTRIBUTION

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

C. DAVIS, ANDREW, , ,

Mailing Address 8601 GLENOAKS BLVD APT 106

City
SUN VALLEYState
CAZip Code
91352FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2020

Transaction ID : SA11AI.20351

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

255.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. DAVIS, ANDREW, , ,

Mailing Address 8601 GLENOAKS BLVD APT 106

City
SUN VALLEY

State
CA

Zip Code
91352

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 14 / 2020

Transaction ID : SA11AI.20639

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

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

B. EAD, CHRISTINE, , ,

Mailing Address 158 WASHINGTON DRIVE

City
WATCHUNG

State
NJ

Zip Code
07069

FEC ID number of contributing
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

M M / D D / Y Y Y Y Y
03 / 08 / 2020

Transaction ID : SA11AI.20070

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. ESTRADA, NATHALIE, , ,

Mailing Address 1524 ANGELUS AVE.

City
LEMON GROVE

State
CA

Zip Code
91945

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SKIN SURGERY MEDICAL GROUP

Occupation (for Individual)
MEDICAL ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 08 / 2020

Transaction ID : SA11AI.20356

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

130.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. ESTRADA, NATHALIE, , ,

Mailing Address 1524 ANGELUS AVE.

City
LEMON GROVE

State
CA

Zip Code
91945

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SKIN SURGERY MEDICAL GROUP

Occupation (for Individual)
MEDICAL ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 14 / 2020

Transaction ID : SA11AI.20645

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. ESTRADA, NATHALIE, , ,

Mailing Address 1524 ANGELUS AVE.

City
LEMON GROVE

State
CA

Zip Code
91945

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SKIN SURGERY MEDICAL GROUP

Occupation (for Individual)
MEDICAL ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 19 / 2020

Transaction ID : SA11AI.20920

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. ESTRADA, NATHALIE, , ,

Mailing Address 1524 ANGELUS AVE.

City
LEMON GROVE

State
CA

Zip Code
91945

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SKIN SURGERY MEDICAL GROUP

Occupation (for Individual)
MEDICAL ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 27 / 2020

Transaction ID : SA11AI.21271

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. FAUNTLEROY, KATE, , ,

Mailing Address 8046 NORTH PROMONTORY RANCH ROAD

City
PARK CITY

State
UT

Zip Code
84098

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 07 / 2020

Transaction ID : SA11AI.20321

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. FREUND, KENNETH, , ,

Mailing Address 23457 EAST EXPOSITION AVENUE

City
AURORA

State
CO

Zip Code
80018

FEC ID number of contributing
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

M M / D D / Y Y Y Y Y Y
03 / 08 / 2020

Transaction ID : SA11AI.20302

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. GAMBLE, KENNETH, , ,

Mailing Address 175 HUGUENOT STREET

City
NEW ROCHELLE

State
NY

Zip Code
10801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 07 / 2020

Transaction ID : SA11AI.20085

Amount of Each Receipt this Period

120.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

320.00

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

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for each category of the
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. GIANNE, ALDO, , ,

Mailing Address 7969 NORTHWEST 2ND STREET

City
MIAMI

State
FL

Zip Code
33126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ALDO GIANNE

Occupation (for Individual)

INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2020

Transaction ID : SA11AI.21066

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. GIANNE, ALDO, , ,

Mailing Address 7969 NORTHWEST 2ND STREET

City
MIAMI

State
FL

Zip Code
33126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ALDO GIANNE

Occupation (for Individual)

INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2020

Transaction ID : SA11AI.21065

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. GOMES, LUCIANO, , ,

Mailing Address 551 TWIN LAKE DRIVE

City
SUMMERVILLE

State
SC

Zip Code
29483

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF EMPLOYED

Occupation (for Individual)

CONSTRUCTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2020

Transaction ID : SA11AI.20733

Amount of Each Receipt this Period

90.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

290.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. GWALTNEY, ROSALIE, , ,

Mailing Address 1531 N. MAIN STREET

City
LOVINGTON

State
NM

Zip Code
88260

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOR-LEA REGIONAL HOSPITAL

Occupation (for Individual)
NURSE ANESTHETIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2020

Transaction ID : SA11AI.20338

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. GWALTNEY, ROSALIE, , ,

Mailing Address 1531 N. MAIN STREET

City
LOVINGTON

State
NM

Zip Code
88260

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOR-LEA REGIONAL HOSPITAL

Occupation (for Individual)
NURSE ANESTHETIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2020

Transaction ID : SA11AI.20903

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. HAMMETT, PEGGY, , ,

Mailing Address 2330 LAKEWOOD YACHT CLUB DR #3

City
SEABROOK

State
TX

Zip Code
77586

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2020

Transaction ID : SA11AI.20861

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. HERRERA, DION, , ,

Mailing Address 2003 SOUTH COOPER APT 248

City
ARLINGTON

State
TX

Zip Code
76010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ASSOCIA

Occupation (for Individual)
MAINTENANCE TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 04 / 2020

Transaction ID : SA11AI.20325

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

B. HERRERA, DION, , ,

Mailing Address 2003 SOUTH COOPER APT 248

City
ARLINGTON

State
TX

Zip Code
76010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ASSOCIA

Occupation (for Individual)
MAINTENANCE TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 08 / 2020

Transaction ID : SA11AI.20324

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. HERRERA, DION, , ,

Mailing Address 2003 SOUTH COOPER APT 248

City
ARLINGTON

State
TX

Zip Code
76010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ASSOCIA

Occupation (for Individual)
MAINTENANCE TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 10 / 2020

Transaction ID : SA11AI.20610

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

70.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. JOHNSON, RALPH, , ,

Mailing Address 14806 WEST SKY HAWK DRIVE

City

SUN CITY WEST

State

AZ

Zip Code

85375

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RD JOHNSON

Occupation (for Individual)

PUBLIC ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 24 / 2020

Transaction ID : SA11AI.21239

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. JOHNSON, RALPH, , ,

Mailing Address 14806 WEST SKY HAWK DRIVE

City

SUN CITY WEST

State

AZ

Zip Code

85375

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RD JOHNSON

Occupation (for Individual)

PUBLIC ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2020

Transaction ID : SA11AI.21238

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. JONES, STANLEY, , ,

Mailing Address 101 CAREFREE COURT

City

GREENWOOD

State

IN

Zip Code

46142

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 30 / 2020

Transaction ID : SA11AI.21116

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

100.00

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

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. KOONCE, RICHARD, , ,

Mailing Address 428 N 250W

City

VALPARAISO

State

IN

Zip Code

46385

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ARCLERMITTAL STEEL

Occupation (for Individual)

ROUGHER OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2020

Transaction ID : SA11AI.19982

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. KOONCE, RICHARD, , ,

Mailing Address 428 N 250W

City

VALPARAISO

State

IN

Zip Code

46385

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ARCLERMITTAL STEEL

Occupation (for Individual)

ROUGHER OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2020

Transaction ID : SA11AI.19983

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. KOONCE, RICHARD, , ,

Mailing Address 428 N 250W

City

VALPARAISO

State

IN

Zip Code

46385

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ARCLERMITTAL STEEL

Occupation (for Individual)

ROUGHER OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

415.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2020

Transaction ID : SA11AI.20201

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

125.00

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

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. KOONCE, RICHARD, , ,

Mailing Address 428 N 250W

City
VALPARAISO

State
IN

Zip Code
46385

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ARCLERMITTAL STEEL

Occupation (for Individual)
ROUGHER OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2020

Transaction ID : SA11AI.20202

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. KOONCE, RICHARD, , ,

Mailing Address 428 N 250W

City
VALPARAISO

State
IN

Zip Code
46385

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ARCLERMITTAL STEEL

Occupation (for Individual)
ROUGHER OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 20 / 2020

Transaction ID : SA11AI.20790

Amount of Each Receipt this Period

20.20

☐ Memo Item
CONTRIBUTION

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

C. KRONEWITTER, JAMES, , ,

Mailing Address 3818 134TH PLACE SOUTHWEST

City
LYNNWOOD

State
WA

Zip Code
98087

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE BOEING COMPANY

Occupation (for Individual)
QUALITY SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2020

Transaction ID : SA11AI.20395

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

170.20

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. KUSZAK, LEANDER, , ,

Mailing Address BOX 944

City
GRAND ISLAND

State
NE

Zip Code
68802

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
U.S. POSTAL SERVICE

Occupation (for Individual)
LETTER CARRIER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 08 / 2020

Transaction ID : SA11AI.20247

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. KUSZAK, LEANDER, , ,

Mailing Address BOX 944

City
GRAND ISLAND

State
NE

Zip Code
68802

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
U.S. POSTAL SERVICE

Occupation (for Individual)
LETTER CARRIER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 28 / 2020

Transaction ID : SA11AI.21155

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

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

C. LEWIS, DALE, , ,

Mailing Address 6203 HIGHCROFT DRIVE

City
NAPLES

State
FL

Zip Code
34119

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFC

Occupation (for Individual)
RN/ADMIN ASST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 17 / 2020

Transaction ID : SA11AI.20485

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

135.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. LOZANO, JOSE, , ,

Mailing Address 2422 S MYSTIC MEADOW

City
HOUSTONState
TXZip Code
77021FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 16 / 2020

Transaction ID : SA11AI.20577

Amount of Each Receipt this Period

60.00

☐ Memo Item
CONTRIBUTION

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

B. MACKEY, SUSAN, , ,

Mailing Address 2316 NORTH PATTERSON STREET

City
VALDOSTAState
GAZip Code
31602FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 10 / 2020

Transaction ID : SA11AI.20464

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. MCKEE, LLOYD, RONALD, , JR

Mailing Address 1170 VALENCIA DR

City
TRACYState
CAZip Code
95377FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 28 / 2020

Transaction ID : SA11AI.21293

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

360.00

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

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

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. MEAD, ROBERT, , ,

Mailing Address 1294 W CLEARVIEW LANE

City
COCHISE

State
AZ

Zip Code
85606

FEC ID number of contributing
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

M M / D D / Y Y Y Y Y Y
03 / 19 / 2020

Transaction ID : SA11AI.20894

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. MIKHAIL, MAGDY, , ,

Mailing Address 78 HAMPTON OVAL

City

NEW ROCHELLE

State
NY

Zip Code
10805

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BRONXCARE HEALTH SYSTEM

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2020

Transaction ID : SA11AI.20417

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. MILLER, MARY, , ,

Mailing Address 3233 AVALON PLACE

City

HOUSTON

State
TX

Zip Code
77819

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2020

Transaction ID : SA11AI.20287

Amount of Each Receipt this Period

120.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

320.00

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

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

FOR LINE NUMBER:
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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)

C3 PAC

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

A. MILLER, MARY, , ,

Mailing Address 3233 AVALON PLACE

City
HOUSTON

State
TX

Zip Code
77819

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 10 / 2020

Transaction ID : SA11AI.20277

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. MILLER, SANDI, , ,

Mailing Address 2293 TREANA COURT

City
TULARE

State
CA

Zip Code
93274

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 10 / 2020

Transaction ID : SA11AI.20373

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. MILLER, SANDI, , ,

Mailing Address 2293 TREANA COURT

City
TULARE

State
CA

Zip Code
93274

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2020

Transaction ID : SA11AI.20658

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

120.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. MILLER, SANDI, , ,

Mailing Address 2293 TREANA COURT

City
TULARE

State
CA

Zip Code
93274

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2020

Transaction ID : SA11AI.20933

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

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

B. MOORE, LAMONT, , ,

Mailing Address 1827 WEST GOWAN ROAD. APT.1010

City

NORTH LAS VEGAS

State

NV

Zip Code

89032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CCSD

Occupation (for Individual)
CUSTODIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2020

Transaction ID : SA11AI.20039

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. MOORE, LAMONT, , ,

Mailing Address 1827 WEST GOWAN ROAD. APT.1010

City

NORTH LAS VEGAS

State

NV

Zip Code

89032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CCSD

Occupation (for Individual)
CUSTODIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1070.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2020

Transaction ID : SA11AI.20341

Amount of Each Receipt this Period

60.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

130.00

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. MOORE, LAMONT, , ,

Mailing Address 1827 WEST GOWAN ROAD. APT.1010

City
NORTH LAS VEGAS

State
NV

Zip Code
89032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CCSD

Occupation (for Individual)
CUSTODIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2020

Transaction ID : SA11AI.20339

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. MOORE, LAMONT, , ,

Mailing Address 1827 WEST GOWAN ROAD. APT.1010

City
NORTH LAS VEGAS

State
NV

Zip Code
89032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CCSD

Occupation (for Individual)
CUSTODIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1180.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2020

Transaction ID : SA11AI.20340

Amount of Each Receipt this Period

60.00

☐ Memo Item
CONTRIBUTION

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

C. MOORE, LAMONT, , ,

Mailing Address 1827 WEST GOWAN ROAD. APT.1010

City
NORTH LAS VEGAS

State
NV

Zip Code
89032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CCSD

Occupation (for Individual)
CUSTODIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1195.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2020

Transaction ID : SA11AI.20906

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

125.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. MOORE, LAMONT, , ,

Mailing Address 1827 WEST GOWAN ROAD. APT.1010

City
NORTH LAS VEGAS

State
NV

Zip Code
89032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CCSD

Occupation (for Individual)
CUSTODIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1245.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 21 / 2020

Transaction ID : SA11AI.20907

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. MOORE, LAMONT, , ,

Mailing Address 1827 WEST GOWAN ROAD. APT.1010

City
NORTH LAS VEGAS

State
NV

Zip Code
89032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CCSD

Occupation (for Individual)
CUSTODIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 23 / 2020

Transaction ID : SA11AI.20905

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

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

C. MOORE, LAMONT, , ,

Mailing Address 1827 WEST GOWAN ROAD. APT.1010

City
NORTH LAS VEGAS

State
NV

Zip Code
89032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CCSD

Occupation (for Individual)
CUSTODIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2020

Transaction ID : SA11AI.21334

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

105.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. MORGAN, CONNIE JO, , ,

Mailing Address P. O. BOX 93

City
FRANKLIN

State
IL

Zip Code
62638

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 08 / 2020

Transaction ID : SA11AI.20239

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. MORGAN, CONNIE JO, , ,

Mailing Address P. O. BOX 93

City
FRANKLIN

State
IL

Zip Code
62638

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 16 / 2020

Transaction ID : SA11AI.20547

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

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

C. NOBLE, LAWRENCE, , ,

Mailing Address 567 W.CHANNEL ISLANDS BLVD.

City
PORT HUENEME

State
CA

Zip Code
93041

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 19 / 2020

Transaction ID : SA11AI.20932

Amount of Each Receipt this Period

90.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

160.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. PARKS, PAUL, , ,

Mailing Address 4230 CAMINO TICINO

City
SAN DIEGO

State
CA

Zip Code
92122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GENERAL ATOMIC

Occupation (for Individual)
PHYSICIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2020

Transaction ID : SA11AI.20360

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. PARKS, PAUL, , ,

Mailing Address 4230 CAMINO TICINO

City
SAN DIEGO

State
CA

Zip Code
92122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GENERAL ATOMIC

Occupation (for Individual)
PHYSICIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2020

Transaction ID : SA11AI.20649

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

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

C. PAULOS, BARBARA, , ,

Mailing Address 4760 HIGHLAND DRIVE

City
SALT LAKE CITY

State
UT

Zip Code
84117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 22 / 2020

Transaction ID : SA11AI.20882

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

110.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. PITCHER, SHIRLEY, , ,

Mailing Address 8145 ELIZABETH LANE

City
LA PLATA

State
MD

Zip Code
20646

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2020

Transaction ID : SA11AI.19930

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. PITCHER, SHIRLEY, , ,

Mailing Address 8145 ELIZABETH LANE

City
LA PLATA

State
MD

Zip Code
20646

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2020

Transaction ID : SA11AI.20717

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. POTIGNANO, CINDY, , ,

Mailing Address 16540 E GUNSIGHT DRIVE UNIT 2003

City
PHOENIX

State
AZ

Zip Code
85268

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SOUTHWEST SKIN SPECIALISTS

Occupation (for Individual)
OFFICE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2020

Transaction ID : SA11AI.20889

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

100.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. POTIGNANO, CINDY, , ,

Mailing Address 16540 E GUNSIGHT DRIVE UNIT 2003

City
PHOENIX

State
AZ

Zip Code
85268

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SOUTHWEST SKIN SPECIALISTS

Occupation (for Individual)
OFFICE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 22 / 2020

Transaction ID : SA11AI.20888

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

B. POTIGNANO, CINDY, , ,

Mailing Address 16540 E GUNSIGHT DRIVE UNIT 2003

City
PHOENIX

State
AZ

Zip Code
85268

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SOUTHWEST SKIN SPECIALISTS

Occupation (for Individual)
OFFICE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2020

Transaction ID : SA11AI.21236

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

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

C. RESCINITI, RICHARD, , ,

Mailing Address 2761 TAFT ST APT 211

City
HOLLYWOOD

State
FL

Zip Code
33020

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

265.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 10 / 2020

Transaction ID : SA11AI.20145

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

60.00

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

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

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. RESCINITI, RICHARD, , ,

Mailing Address 2761 TAFT ST APT 211

City
HOLLYWOOD

State
FL

Zip Code
33020

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.40

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 10 / 2020

Transaction ID : SA11AI.20146

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

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

B. RESCINITI, RICHARD, , ,

Mailing Address 2761 TAFT ST APT 211

City
HOLLYWOOD

State
FL

Zip Code
33020

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.60

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 28 / 2020

Transaction ID : SA11AI.21064

Amount of Each Receipt this Period

20.20

☐ Memo Item
CONTRIBUTION

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

C. REUTOV, IAKOV, , ,

Mailing Address 1713 EAST 59TH AVENUE

City
ANCHORAGE

State
AK

Zip Code
99507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
CONSTRUCTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 16 / 2020

Transaction ID : SA11AI.20676

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

140.20

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

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. REUTOV, IAKOV, , ,

Mailing Address 1713 EAST 59TH AVENUE

City
ANCHORAGE

State
AK

Zip Code
99507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
CONSTRUCTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2020

Transaction ID : SA11AI.21311

Amount of Each Receipt this Period

60.00

☐ Memo Item
CONTRIBUTION

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

B. REVILEE, CLYDE, , ,

Mailing Address 10834 GRAND FORK DRIVE

City
SANTEE

State
CA

Zip Code
92071

FEC ID number of contributing
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

M M / D D / Y Y Y Y Y Y
03 / 28 / 2020

Transaction ID : SA11AI.21273

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. ROCK, RON, , ,

Mailing Address E. 1593 POLSTON AVE.

City
POST FALLS

State
ID

Zip Code
83854

FEC ID number of contributing
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

M M / D D / Y Y Y Y Y Y
03 / 16 / 2020

Transaction ID : SA11AI.20602

Amount of Each Receipt this Period

80.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

240.00

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

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. SEILER, DEAN, , ,

Mailing Address 11142 WHISPERING HEIGHTS LANE

City

SAN DIEGO

State

CA

Zip Code

92121

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2020

Transaction ID : SA11AI.20359

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. SIEMENS, ROSA, , ,

Mailing Address 3376 N SAN MARIN DR

City

FLORENCE

State

AZ

Zip Code

85132

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

GILA RIVER HEALTH CARE

Occupation (for Individual)

REGISTERED DIETITIAN- DIABETES

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2020

Transaction ID : SA11AI.21233

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City

LA HABRA

State

CA

Zip Code

90631

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

1345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2020

Transaction ID : SA11AI.20349

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

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

SCHEDULE A (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 48

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City
LA HABRA

State
CA

Zip Code
90631

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1395.00

Date of Receipt

03 / **07** / **2020**

Transaction ID : SA11AI.20348

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City
LA HABRA

State
CA

Zip Code
90631

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1445.00

Date of Receipt

03 / **08** / **2020**

Transaction ID : SA11AI.20347

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City
LA HABRA

State
CA

Zip Code
90631

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1470.00

Date of Receipt

03 / **09** / **2020**

Transaction ID : SA11AI.20346

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

125.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City
LA HABRA

State
CA

Zip Code
90631

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 13 / 2020

Transaction ID : SA11AI.20633

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City
LA HABRA

State
CA

Zip Code
90631

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1545.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 13 / 2020

Transaction ID : SA11AI.20634

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City
LA HABRA

State
CA

Zip Code
90631

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 14 / 2020

Transaction ID : SA11AI.20632

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

80.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City
LA HABRA

State
CA

Zip Code
90631

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1595.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2020

Transaction ID : SA11AI.20631

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

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

B. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City
LA HABRA

State
CA

Zip Code
90631

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1670.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2020

Transaction ID : SA11AI.20630

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

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

C. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City
LA HABRA

State
CA

Zip Code
90631

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2020

Transaction ID : SA11AI.20913

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

170.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City
LA HABRA

State
CA

Zip Code
90631

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1820.00

Date of Receipt

03 / 28 / 2020

Transaction ID : SA11AI.21263

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. SWOOPE, PATRICIA, , ,

Mailing Address 4113 CLINTWOOD LN

City
VIRGINIA BEACH

State
VA

Zip Code
23452

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RE/MAX ALLIANCE

Occupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

03 / 19 / 2020

Transaction ID : SA11AI.20722

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. SYKES, DOUG, , ,

Mailing Address 716 4 TH STREET

City
NEW MARTINSVILLE

State
WV

Zip Code
26155

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GRYPHON

Occupation (for Individual)
SAFETY REP, OIL AND GAS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

03 / 07 / 2020

Transaction ID : SA11AI.20117

Amount of Each Receipt this Period

60.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

260.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. VARVARO, CHARLES, , ,

Mailing Address 4026 RIDGE AVENUE

City

EGG HARBOR TOWNSHIP

State

NJ

Zip Code

08234

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2020

Transaction ID : SA11AI.20077

Amount of Each Receipt this Period

120.00

☐ Memo Item
CONTRIBUTION

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

B. VASSILATOS, FREDA, , ,

Mailing Address 590 SHELDON AVENUE

City

STATEN ISLAND

State

NY

Zip Code

10312

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2020

Transaction ID : SA11AI.20082

Amount of Each Receipt this Period

8.00

☐ Memo Item
CONTRIBUTION

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

C. VASSILATOS, FREDA, , ,

Mailing Address 590 SHELDON AVENUE

City

STATEN ISLAND

State

NY

Zip Code

10312

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2020

Transaction ID : SA11AI.20083

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

130.00

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 45 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. WITKIN, JACK, , ,

Mailing Address 1535 HIGH ST

City
BOULDER

State
CO

Zip Code
80304

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2020

Transaction ID : SA11AI.20593

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

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

B.

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

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

75.00

6296.40

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 48

<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)

C3 PAC

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEWState
CAZip Code
94043Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		23		2020

FEC Identification Number

C**Transaction ID : SB21B.20963**

Amount of Each Disbursement this Period

70.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. REVVMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		01		2020

FEC Identification Number

C**Transaction ID : SB21B.19920**

Amount of Each Disbursement this Period

2048.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. REVVMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		09		2020

FEC Identification Number

C**Transaction ID : SB21B.20061**

Amount of Each Disbursement this Period

7197.01

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9315.81

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 48

<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)

C3 PAC

Full Name (Last, First, Middle Initial)

A. REVV

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		16		2020

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB21B.20404**

Amount of Each Disbursement this Period

5721.79

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. REVV

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		23		2020

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB21B.20677**

Amount of Each Disbursement this Period

5386.32

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. REVV

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2020

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB21B.20966**

Amount of Each Disbursement this Period

6144.20

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

17252.31

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 PageFOR LINE NUMBER:
(check only one)

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<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)

C3 PAC

Full Name (Last, First, Middle Initial)

A. REVV

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	2	0		

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB21B.21312**

Amount of Each Disbursement this Period

314.04

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. RIGHTSIDE COMPLIANCE

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	4			2	0	2	0		

Mailing Address PO BOX 341027

City
AUSTINState
TXZip Code
78734Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB21B.20965**

Amount of Each Disbursement this Period

3043.08

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. THE GOBER GROUP

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	4			2	0	2	0		

Mailing Address PO BOX 341016

City
AUSTINState
TXZip Code
78734Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB21B.20964**

Amount of Each Disbursement this Period

178.50

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

3535.62

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

30103.74