

**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  
04 01 2020

through

M M M / D D D / Y Y Y Y Y Y  
04 30 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  
05 20 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
04		01		2020

To:

M M	/	D D	/	Y Y Y Y Y
04		30		2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2020</div></div>		<div><div></div><div>46004.07</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>29419.81</div></div>	
(c) Total Receipts (from Line 19) .....	<div><div></div><div>40004.09</div></div>	<div><div></div><div>146999.63</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>69423.90</div></div>	<div><div></div><div>193003.70</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>34254.40</div></div>	<div><div></div><div>157834.20</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div><div></div><div>35169.50</div></div>	<div><div></div><div>35169.50</div></div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	



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
04	/	01	/	2020

To:

M M	/	D D	/	Y Y Y Y
04	/	30	/	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).....

8714.93

22059.53

(ii) Unitemized .....

31289.16

124940.10

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

40004.09

146999.63

(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) .....

40004.09

146999.63

## 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)) .....

40004.09

146999.63

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

40004.09

146999.63

# 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 .....	34254.40	156856.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	34254.40	156856.80
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)) ..	34254.40	157834.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34254.40	157834.20

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	40004.09	146999.63
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	977.40
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	40004.09	146022.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	34254.40	156856.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	34254.40	156856.80

# **SCHEDULE 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 ▼

2010.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2020

Transaction ID : SA11AI.21445

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 ▼

2035.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 02 / 2020

Transaction ID : SA11AI.21444

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 ▼

2050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2020

Transaction ID : SA11AI.21439

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 7 OF 74

(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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2075.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2020

Transaction ID : SA11AI.21440

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2020

Transaction ID : SA11AI.21441

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2020

Transaction ID : SA11AI.21442

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

75.00

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 8 OF 74

(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. 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 ▼

2150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 09 / 2020

Transaction ID : SA11AI.21910

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 ▼

2175.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 09 / 2020

Transaction ID : SA11AI.21911

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 ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2020

Transaction ID : SA11AI.21907

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

75.00

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



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

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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. 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 ▼

2225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2020

Transaction ID : SA11AI.21908

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 ▼

2240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2020

Transaction ID : SA11AI.21909

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

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

**C. 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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2020

Transaction ID : SA11AI.23830

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)..... ►

140.00

# **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. 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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2020

Transaction ID : SA11AI.23892

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. BAKER, MARILYN, , ,**

Mailing Address 800 37TH STREET SOUTHWEST

City  
ROCHESTER

State  
MN

Zip Code  
55902

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2020

Transaction ID : SA11AI.23286

Amount of Each Receipt this Period

20.20

☐ Memo Item  
CONTRIBUTION

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

**C. BAKER, MARILYN, , ,**

Mailing Address 800 37TH STREET SOUTHWEST

City  
ROCHESTER

State  
MN

Zip Code  
55902

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2020

Transaction ID : SA11AI.23285

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)..... ►

125.20

# **SCHEDULE 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. BAKER, MARILYN, , ,**

Mailing Address 800 37TH STREET SOUTHWEST

City  
ROCHESTER

State  
MN

Zip Code  
55902

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2020

Transaction ID : SA11AI.23769

Amount of Each Receipt this Period

20.20

☐ Memo Item  
CONTRIBUTION

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

**B. BALTHASAR, SUSAN, , ,**

Mailing Address 19636 GULF BLVD.

City  
INDIAN SHORES

State  
FL

Zip Code  
33785

FEC ID number of contributing  
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  
04 / 13 / 2020

Transaction ID : SA11AI.21901

Amount of Each Receipt this Period

60.00

☐ Memo Item  
CONTRIBUTION

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

**C. BROUHARD, JEANINE, , ,**

Mailing Address 9247 SEPULVEDA BOULEVARD  
22

City  
NORTH HILLS

State  
CA

Zip Code  
91343

FEC ID number of contributing  
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  
04 / 06 / 2020

Transaction ID : SA11AI.21646

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

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

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

110.20

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 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. BROUHARD, JEANINE, , ,**

Mailing Address 9247 SEPULVEDA BOULEVARD

22

City

NORTH HILLS

State

CA

Zip Code

91343

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2020

Transaction ID : SA11AI.22913

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

**B. BROUHARD, JEANINE, , ,**

Mailing Address 9247 SEPULVEDA BOULEVARD

22

City

NORTH HILLS

State

CA

Zip Code

91343

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2020

Transaction ID : SA11AI.23910

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

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

**C. BROUHARD, JEANINE, , ,**

Mailing Address 9247 SEPULVEDA BOULEVARD

22

City

NORTH HILLS

State

CA

Zip Code

91343

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 ▼

258.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2020

Transaction ID : SA11AI.23908

Amount of Each Receipt this Period

8.00

☐ Memo Item  
CONTRIBUTION

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

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

33.00

# **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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☐ 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. BROUHARD, JEANINE, , ,**

Mailing Address 9247 SEPULVEDA BOULEVARD

22

City

NORTH HILLS

State

CA

Zip Code

91343

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2020

Transaction ID : SA11AI.23909

Amount of Each Receipt this Period

2.00

☐ Memo Item  
CONTRIBUTION

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

**B. BUSH, JAMES, , ,**

Mailing Address 1519 REBEL DR

City

JACKSONVILLE

State

AR

Zip Code

72076

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 ▼

210.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2020

Transaction ID : SA11AI.23333

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

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

**C. BUSH, JAMES, , ,**

Mailing Address 1519 REBEL DR

City

JACKSONVILLE

State

AR

Zip Code

72076

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 ▼

230.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2020

Transaction ID : SA11AI.23804

Amount of Each Receipt this Period

20.20

☐ Memo Item  
CONTRIBUTION

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

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

37.20

# **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  
☐ 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. BUTLER, MARTHA, , ,

Mailing Address 5231 VALLEY BLUFF LANE

City  
KATYState  
TXZip Code  
77494FEC 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 Y  
04 / 10 / 2020

Transaction ID : SA11AI.22131

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

B. BUTLER, MARTHA, , ,

Mailing Address 5231 VALLEY BLUFF LANE

City  
KATYState  
TXZip Code  
77494FEC 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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 22 / 2020

Transaction ID : SA11AI.23379

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

C. BUTLER, MARTHA, , ,

Mailing Address 5231 VALLEY BLUFF LANE

City  
KATYState  
TXZip Code  
77494FEC 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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2020

Transaction ID : SA11AI.23378

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  
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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. BYELICK, STEPHEN, , ,**

Mailing Address 864 BASSWOOD LANE

City  
EAGAN

State  
MN

Zip Code  
55123

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALLIANCE BANK

Occupation (for Individual)  
CFO

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  
04 / 08 / 2020

Transaction ID : SA11AI.22000

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**B. BYELICK, STEPHEN, , ,**

Mailing Address 864 BASSWOOD LANE

City  
EAGAN

State  
MN

Zip Code  
55123

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALLIANCE BANK

Occupation (for Individual)  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2020

Transaction ID : SA11AI.23761

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**C. CARMICHAEL, STEPHANIE, , ,**

Mailing Address 63215 CIMARRON DR

City  
BEND

State  
OR

Zip Code  
97701

FEC ID number of contributing  
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  
04 / 28 / 2020

Transaction ID : SA11AI.23963

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 16 OF 74

(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. CARMICHAEL, STEPHANIE, , ,

Mailing Address 63215 CIMARRON DR

City  
BENDState  
ORZip Code  
97701FEC 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 ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 28 / 2020

Transaction ID : SA11AI.23964

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

B. 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 EMPLOYEDOccupation (for Individual)  
REAL ESTATE DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 10 / 2020

Transaction ID : SA11AI.21905

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

C. CHEATHAM, NANCY, M, ,

Mailing Address 811 WEST GRAY STREET

City

HOUSTON

State

TX

Zip Code

77019

FEC 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 ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 21 / 2020

Transaction ID : SA11AI.23372

Amount of Each Receipt this Period

110.00

☐ 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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 74

(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. 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 ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2020

Transaction ID : SA11AI.23371

Amount of Each Receipt this Period

120.00

☐ Memo Item  
CONTRIBUTION

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

B. CLEVELAND, SUE, , ,

Mailing Address P. O. BOX 8511

City  
LUMBERTONState  
TXZip Code  
77657FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CLEVECO CONSTRUCTION CO.Occupation (for Individual)  
BUSINESS OWNER

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  
04 / 08 / 2020

Transaction ID : SA11AI.22136

Amount of Each Receipt this Period

60.00

☐ Memo Item  
CONTRIBUTION

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

C. COOK, BANE, , ,

Mailing Address 1457 FRENCHMAN'S BEND RD

City  
MONROEState  
LAZip Code  
71203FEC 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2020

Transaction ID : SA11AI.22058

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

230.00

TOTAL This Period (last page this line 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 18 OF 74

(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. CRESSMAN, PAUL, , ,

Mailing Address 1287 SPRING VALLEY ROAD

City

BETHLEHEM

State

PA

Zip Code

18015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF EMPLOYED

Occupation (for Individual)

LANDSCAPER

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 16 / 2020

Transaction ID : SA11AI.22412

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

B. CRESSMAN, PAUL, , ,

Mailing Address 1287 SPRING VALLEY ROAD

City

BETHLEHEM

State

PA

Zip Code

18015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF EMPLOYED

Occupation (for Individual)

LANDSCAPER

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 20 / 2020

Transaction ID : SA11AI.22411

Amount of Each Receipt this Period

20.00

☐ 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 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 ▼

355.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 01 / 2020

Transaction ID : SA11AI.21652

Amount of Each Receipt this Period

25.00

☐ 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: PAGE 19 OF 74

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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. 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 ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 02 / 2020

Transaction ID : SA11AI.21651

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. 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 ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 18 / 2020

Transaction ID : SA11AI.22915

Amount of Each Receipt this Period

5.00

☐ 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 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 ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2020

Transaction ID : SA11AI.22914

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)..... ►

60.00

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

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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. DWYER, ROBERT, , ,**

Mailing Address 221 SPRING VALLEY AWAY

City  
ASTON

State  
PA

Zip Code  
19014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 29 / 2020

Transaction ID : SA11AI.23630

Amount of Each Receipt this Period

60.00

☐ 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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2020

Transaction ID : SA11AI.21729

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 ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2020

Transaction ID : SA11AI.22267

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)..... ►

185.00

# **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. 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 ▼

320.00

Date of Receipt

**04** / **14** / **2020**

**Transaction ID : SA11AI.22266**

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 ▼

345.00

Date of Receipt

**04** / **19** / **2020**

**Transaction ID : SA11AI.22923**

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 ▼

360.00

Date of Receipt

**04** / **27** / **2020**

**Transaction ID : SA11AI.23498**

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)  
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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 ▼

375.00

Date of Receipt

**04 / 30 / 2020**

**Transaction ID : SA11AI.23915**

Amount of Each Receipt this Period

15.00

☐ 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 ▼

390.00

Date of Receipt

**04 / 30 / 2020**

**Transaction ID : SA11AI.23916**

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

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

**C. 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 ▼

400.00

Date of Receipt

**04 / 07 / 2020**

**Transaction ID : SA11AI.22200**

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)..... ►

130.00

# **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. 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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2020

Transaction ID : SA11AI.22166

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. 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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 07 / 2020

Transaction ID : SA11AI.21757

Amount of Each Receipt this Period

120.00

☐ Memo Item  
CONTRIBUTION

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

**C. 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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2020

Transaction ID : SA11AI.23181

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)..... ►

320.00

# 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. 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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2020

Transaction ID : SA11AI.23690

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 ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2020

Transaction ID : SA11AI.23689

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**C. GLASS, JOHN, , ,**

Mailing Address 5562 VASSAR DRIVE

City  
SAN JOSE

State  
CA

Zip Code  
95118

FEC ID number of contributing  
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  
04 / 21 / 2020

Transaction ID : SA11AI.23536

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)..... ►

170.00



# **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. 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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2020

Transaction ID : SA11AI.22477

Amount of Each Receipt this Period

90.00

☐ 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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2020

Transaction ID : SA11AI.21636

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. 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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 21 / 2020

Transaction ID : SA11AI.23469

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)..... ►

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. 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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2020

Transaction ID : SA11AI.22803

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. HENSELER, UDO, , ,**

Mailing Address 2901 SW 117TH AVE.

City  
DAVIE

State  
FL

Zip Code  
33330

FEC ID number of contributing  
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  
04 / 14 / 2020

Transaction ID : SA11AI.22535

Amount of Each Receipt this Period

25.00

☐ 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 ▼

290.00

Date of Receipt

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

Transaction ID : SA11AI.21618

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)..... ►

290.00

# **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. 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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2020

Transaction ID : SA11AI.22209

Amount of Each Receipt this Period

50.00

☐ 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 ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2020

Transaction ID : SA11AI.22208

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

**C. HOLT, KIMO, , ,**

Mailing Address 22913 ELKWOOD STREET

City  
LOS ANGELES

State  
CA

Zip Code  
91304

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
REXNORD AEROSPACE

Occupation (for Individual)  
QUALITY ENGINEER

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  
04 / 11 / 2020

Transaction ID : SA11AI.22260

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

105.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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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. INGRAHAM, TERRI, , ,

Mailing Address 8900 VINCENT PLACE

City  
MINNEAPOLISState  
MNZip Code  
55431FEC 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 ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 15 / 2020

Transaction ID : SA11AI.22692

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

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

B. INGRAHAM, TERRI, , ,

Mailing Address 8900 VINCENT PLACE

City  
MINNEAPOLISState  
MNZip Code  
55431FEC 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 19 / 2020

Transaction ID : SA11AI.22690

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

C. INGRAHAM, TERRI, , ,

Mailing Address 8900 VINCENT PLACE

City  
MINNEAPOLISState  
MNZip Code  
55431FEC 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 ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 22 / 2020

Transaction ID : SA11AI.23284

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

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

60.00

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. JAMES, JEAN, , ,**

Mailing Address 18 MISSISSIPPI RIVER CT

City  
TROY

State  
MO

Zip Code  
63379

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2020

Transaction ID : SA11AI.22037

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

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

**B. JOCHIM, KAREN, , ,**

Mailing Address 187RAINBOW DRIVE. #8799

City

LIVINGSTON

State

TX

Zip Code

77399

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 29 / 2020

Transaction ID : SA11AI.23817

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

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

**C. 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 14 / 2020

Transaction ID : SA11AI.22225

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)..... ►

80.00

# **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. 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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2020

Transaction ID : SA11AI.23456

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**B. JONES, CHARLES, , ,**

Mailing Address 4505 LITTLE RIVER ROAD

City

BIRMINGHAM

State

AL

Zip Code

35213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BLUESTONE COKE, LLC

Occupation (for Individual)

ENVIRONMENTAL CHEMIST

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  
04 / 10 / 2020

Transaction ID : SA11AI.21918

Amount of Each Receipt this Period

100.00

☐ 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2020

Transaction ID : SA11AI.21950

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)..... ►

150.00

# **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. 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2020

Transaction ID : SA11AI.23741

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. KIRKBRIDE, MARGARET, , ,**

Mailing Address 5203 TRAILHEAD DR

City  
ARLINGTON

State  
TX

Zip Code  
76013

FEC ID number of contributing  
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  
04 / 29 / 2020

Transaction ID : SA11AI.23827

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

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

**C. KIRKBRIDE, MARGARET, , ,**

Mailing Address 5203 TRAILHEAD DR

City  
ARLINGTON

State  
TX

Zip Code  
76013

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2020

Transaction ID : SA11AI.23826

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)..... ►

110.00

# **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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

535.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2020

Transaction ID : SA11AI.21498

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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

560.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2020

Transaction ID : SA11AI.21955

Amount of Each Receipt this Period

25.00

☐ 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  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

610.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2020

Transaction ID : SA11AI.21956

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

125.00

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



# 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

630.80

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 20 / 2020

Transaction ID : SA11AI.22632

Amount of Each Receipt this Period

20.20

☐ 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

680.80

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2020

Transaction ID : SA11AI.23742

Amount of Each Receipt this Period

50.00

☐ 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 08 / 2020

Transaction ID : SA11AI.22335

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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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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2020

Transaction ID : SA11AI.22051

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 ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2020

Transaction ID : SA11AI.23792

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

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

**C. LANE, JOSEPH, , ,**

Mailing Address 4027 N MONROE AVE

City  
KANSAS CITY

State  
MO

Zip Code  
64117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FORD MOTOR COMPANY

Occupation (for Individual)  
TEAM LEADER

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  
04 / 16 / 2020

Transaction ID : SA11AI.22725

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)..... ►

120.00

# **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. LATHAM, LARRY, , ,**

Mailing Address 1720 NORTH DOWELL ROAD

City  
AMARILLO

State  
TX

Zip Code  
79124

FEC ID number of contributing  
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  
04 / 20 / 2020

Transaction ID : SA11AI.22819

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**B. LATHAM, LARRY, , ,**

Mailing Address 1720 NORTH DOWELL ROAD

City  
AMARILLO

State  
TX

Zip Code  
79124

FEC ID number of contributing  
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 Y  
04 / 28 / 2020

Transaction ID : SA11AI.23851

Amount of Each Receipt this Period

50.00

☐ 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2020

Transaction ID : SA11AI.22550

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)..... ►

150.00

# **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. 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 ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2020

Transaction ID : SA11AI.22787

Amount of Each Receipt this Period

60.00

☐ Memo Item  
CONTRIBUTION

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

B. 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 ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 21 / 2020

Transaction ID : SA11AI.23373

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

C. 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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2020

Transaction ID : SA11AI.21866

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

185.00

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

# **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. MAYNARD, JACQUELYNE, , ,**

Mailing Address 401 HAMMACK DRIVE

City  
AUSTIN

State  
TX

Zip Code  
78752

FEC ID number of contributing  
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  
04 / 26 / 2020

Transaction ID : SA11AI.23408

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

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

**B. MAYNARD, JACQUELYNE, , ,**

Mailing Address 401 HAMMACK DRIVE

City  
AUSTIN

State  
TX

Zip Code  
78752

FEC ID number of contributing  
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  
04 / 26 / 2020

Transaction ID : SA11AI.23409

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

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

**C. MCGETTIGAN, LIDIA, , ,**

Mailing Address 11 LAWNSIDE RD

City  
CHELTENHAM

State  
PA

Zip Code  
19012

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EXPRESS BUSINESS

Occupation (for Individual)  
TAX ADVICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 15 / 2020

Transaction ID : SA11AI.22417

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)..... ►

75.00

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

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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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2020

Transaction ID : SA11AI.22872

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. MELLEY, PETER, , ,**

Mailing Address 11421 TINDALL RD

City  
ORLANDO

State  
FL

Zip Code  
32832

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LMCO

Occupation (for Individual)  
SYS ENG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 22 / 2020

Transaction ID : SA11AI.23179

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. MELLEY, PETER, , ,**

Mailing Address 11421 TINDALL RD

City  
ORLANDO

State  
FL

Zip Code  
32832

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LMCO

Occupation (for Individual)  
SYS ENG

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  
04 / 30 / 2020

Transaction ID : SA11AI.23685

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)..... ►

160.00

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

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

FOR LINE NUMBER: PAGE 39 OF 74

(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. 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 ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2020

Transaction ID : SA11AI.21758

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

B. 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 ▼

585.00

Date of Receipt

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

Transaction ID : SA11AI.21590

Amount of Each Receipt this Period

50.00

☐ 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 ▼

705.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 05 / 2020

Transaction ID : SA11AI.21594

Amount of Each Receipt this Period

120.00

☐ Memo Item  
CONTRIBUTION

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

270.00

TOTAL This Period (last 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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(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. 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 ▼

755.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2020

Transaction ID : SA11AI.22120

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 ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2020

Transaction ID : SA11AI.22292

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2020

Transaction ID : SA11AI.22951

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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for each category of the  
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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. 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 ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 21 / 2020

Transaction ID : SA11AI.23524

Amount of Each Receipt this Period

45.00

☐ 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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 29 / 2020

Transaction ID : SA11AI.23937

Amount of Each Receipt this Period

15.00

☐ 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 ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 29 / 2020

Transaction ID : SA11AI.23938

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)..... ►

75.00

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

Use separate schedule(s)  
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. 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 ▼

1325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2020

Transaction ID : SA11AI.21640

Amount of Each Receipt this Period

25.00

☐ 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 ▼

1345.00

Date of Receipt

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

Transaction ID : SA11AI.21637

Amount of Each Receipt this Period

20.00

☐ 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 ▼

1390.00

Date of Receipt

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

Transaction ID : SA11AI.21638

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)..... ►

90.00

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

Use separate schedule(s)  
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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. 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 ▼

1415.00

Date of Receipt

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

Transaction ID : SA11AI.21639

Amount of Each Receipt this Period

25.00

☐ 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 ▼

1465.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2020

Transaction ID : SA11AI.22251

Amount of Each Receipt this Period

50.00

☐ 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 ▼

1480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 09 / 2020

Transaction ID : SA11AI.22250

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)..... ►

90.00

# **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. 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 ▼

1530.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2020

Transaction ID : SA11AI.22248

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 ▼

1555.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2020

Transaction ID : SA11AI.22249

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 ▼

1615.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 12 / 2020

Transaction ID : SA11AI.22247

Amount of Each Receipt this Period

60.00

☐ Memo Item  
CONTRIBUTION

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

135.00

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

# **SCHEDULE 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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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 ▼

1675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2020

Transaction ID : SA11AI.22246

Amount of Each Receipt this Period

60.00

☐ 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 ▼

1705.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2020

Transaction ID : SA11AI.22891

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 ▼

1730.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 29 / 2020

Transaction ID : SA11AI.23893

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)..... ►

115.00

# **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

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. 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 ▼

1755.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 29 / 2020

Transaction ID : SA11AI.23894

Amount of Each Receipt this Period

25.00

☐ 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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2020

Transaction ID : SA11AI.22033

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2020

Transaction ID : SA11AI.22719

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

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

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

95.00

# **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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☒ 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. MOSER, MARILEEN, , ,**

Mailing Address 12129 E. DEL NORTE

City  
YUMA

State  
AZ

Zip Code  
85367

FEC ID number of contributing  
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  
04 / 09 / 2020

Transaction ID : SA11AI.22224

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. MOSER, MARILEEN, , ,**

Mailing Address 12129 E. DEL NORTE

City  
YUMA

State  
AZ

Zip Code  
85367

FEC ID number of contributing  
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 Y  
04 / 20 / 2020

Transaction ID : SA11AI.22867

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**C. MOUNTCASTLE, MANUELA, , ,**

Mailing Address 3250 ONEAL CR. APT C15

City  
BOULDER

State  
CO

Zip Code  
80301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TALEM HOME CARE

Occupation (for Individual)  
CAREGIVER

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  
04 / 08 / 2020

Transaction ID : SA11AI.22175

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)..... ►

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. NATALE, GEORGE, , ,**

Mailing Address 24 BETHEL ROAD

City  
GRISWOLD

State  
CT

Zip Code  
06351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NRG ENERGY

Occupation (for Individual)  
MECHANIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2020

Transaction ID : SA11AI.23592

Amount of Each Receipt this Period

60.60

☐ Memo Item  
CONTRIBUTION

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

**B. 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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2020

Transaction ID : SA11AI.22947

Amount of Each Receipt this Period

90.00

☐ Memo Item  
CONTRIBUTION

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

**C. OBRIEN, MARIANNE, , ,**

Mailing Address 1400 PAULY DRIVE NO. 208

City  
GURNEE

State  
IL

Zip Code  
60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2020

Transaction ID : SA11AI.21524

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)..... ►

210.60



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

Use separate schedule(s)  
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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. OLMSCHIED, PATRICIA, , ,**

Mailing Address 6161 FAIRVIEW PL

City  
AGOURA HILLS

State  
CA

Zip Code  
91301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
HORSE TRAINER

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  
04 / 18 / 2020

Transaction ID : SA11AI.22911

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

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

**B. OLMSCHIED, PATRICIA, , ,**

Mailing Address 6161 FAIRVIEW PL

City  
AGOURA HILLS

State  
CA

Zip Code  
91301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
HORSE TRAINER

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  
04 / 20 / 2020

Transaction ID : SA11AI.22910

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

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

**C. 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 ATOMICS

Occupation (for Individual)  
PHYSICIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2020

Transaction ID : SA11AI.22275

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

80.00

TOTAL This Period (last 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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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 ATOMICS

Occupation (for Individual)  
PHYSICIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2020

Transaction ID : SA11AI.22926

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

**B. 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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2020

Transaction ID : SA11AI.22201

Amount of Each Receipt this Period

10.00

☐ 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2020

Transaction ID : SA11AI.22851

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

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

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

85.00

# **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. 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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2020

Transaction ID : SA11AI.22850

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

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

**B. 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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 22 / 2020

Transaction ID : SA11AI.23436

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

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

**C. PEARL, TAMI, , ,**

Mailing Address 1533 DOWNING ST

City

HASLETT

State

MI

Zip Code

48840

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HOMEMAKER

Occupation (for Individual)

HOMEMAKER

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2020

Transaction ID : SA11AI.22651

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)..... ►

90.00

# **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. PITCHER, SHIRLEY, , ,

Mailing Address 8145 ELIZABETH LANE

City  
LA PLATAState  
MDZip Code  
20646FEC 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 ▼

335.00

Date of Receipt

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

Transaction ID : SA11AI.21379

Amount of Each Receipt this Period

15.00

☐ 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 PLATAState  
MDZip Code  
20646FEC 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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 07 / 2020

Transaction ID : SA11AI.21806

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

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

C. PITCHER, SHIRLEY, , ,

Mailing Address 8145 ELIZABETH LANE

City  
LA PLATAState  
MDZip Code  
20646FEC 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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2020

Transaction ID : SA11AI.22430

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

80.00

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

# **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. 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 ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2020

Transaction ID : SA11AI.23106

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

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

**B. POLO, BRUCE, , ,**

Mailing Address 1517 7TH AVE

City

SANTA CRUZ

State

CA

Zip Code

95062

FEC ID number of contributing  
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  
04 / 10 / 2020

Transaction ID : SA11AI.22305

Amount of Each Receipt this Period

1.00

☐ Memo Item  
CONTRIBUTION

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

**C. POLO, BRUCE, , ,**

Mailing Address 1517 7TH AVE

City

SANTA CRUZ

State

CA

Zip Code

95062

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2020

Transaction ID : SA11AI.22962

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)..... ►

31.00

# **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. POLO, BRUCE, , ,**

Mailing Address 1517 7TH AVE

City

SANTA CRUZ

State

CA

Zip Code

95062

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 22 / 2020

Transaction ID : SA11AI.23534

Amount of Each Receipt this Period

50.00

☐ 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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2020

Transaction ID : SA11AI.22861

Amount of Each Receipt this Period

20.00

☐ 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 ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2020

Transaction ID : SA11AI.22860

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

95.00

**TOTAL** This Period (last 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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(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. 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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 22 / 2020

Transaction ID : SA11AI.23452

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2020

Transaction ID : SA11AI.23451

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

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

**C. PREFER, GEORGE, , ,**

Mailing Address 7738 SILVER BELL DR

City  
SARASOTA

State  
FL

Zip Code  
34241

FEC ID number of contributing  
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  
04 / 30 / 2020

Transaction ID : SA11AI.23706

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)..... ►

95.00

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

Use separate schedule(s)  
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. 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 ▼

385.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2020

Transaction ID : SA11AI.21878

Amount of Each Receipt this Period

25.00

☐ 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 ▼

460.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2020

Transaction ID : SA11AI.21879

Amount of Each Receipt this Period

75.00

☐ 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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2020

Transaction ID : SA11AI.23002

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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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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2020

Transaction ID : SA11AI.23580

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 ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 14 / 2020

Transaction ID : SA11AI.22924

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

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

**C. RIGATTI, LAWRENCE, J, ,**

Mailing Address 89 ARLO RD. 1A

City  
STATEN ISLAND

State  
NY

Zip Code  
10301

FEC ID number of contributing  
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  
04 / 21 / 2020

Transaction ID : SA11AI.23055

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

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

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

95.00

# **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. 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 ▼

**320.00**

Date of Receipt

**04 / 16 / 2020**

**Transaction ID : SA11AI.22848**

Amount of Each Receipt this Period

**80.00**

☐ Memo Item  
CONTRIBUTION

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

**B. SANTANGELO, RON, , ,**

Mailing Address **PO BOX**

City  
**TOMBALL**

State  
TX

Zip Code  
**77377**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**CERTIFIED**

Occupation (for Individual)  
**OWNER OPERATOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**04 / 18 / 2020**

**Transaction ID : SA11AI.22799**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item  
CONTRIBUTION

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

**C. SCHEUTZOW, JACK, , ,**

Mailing Address **9585 TANAGER DR**

City  
**CHARDON**

State  
OH

Zip Code  
**44024**

FEC ID number of contributing  
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

**04 / 29 / 2020**

**Transaction ID : SA11AI.23730**

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)..... ►

**240.00**

# **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. 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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2020

Transaction ID : SA11AI.22274

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2020

Transaction ID : SA11AI.22857

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**C. 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 ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2020

Transaction ID : SA11AI.23879

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)..... ►

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. SINGER, MARY, , ,**

Mailing Address 11 GERTZEN RD.

City  
RAMSEY

State  
NJ

Zip Code  
07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2020

Transaction ID : SA11AI.21342

Amount of Each Receipt this Period

51.13

☐ Memo Item  
CONTRIBUTION

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

**B. SINGER, MARY, , ,**

Mailing Address 11 GERTZEN RD.

City  
RAMSEY

State  
NJ

Zip Code  
07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2020

Transaction ID : SA11AI.21343

Amount of Each Receipt this Period

2.00

☐ Memo Item  
CONTRIBUTION

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

**C. SINGER, MARY, , ,**

Mailing Address 11 GERTZEN RD.

City  
RAMSEY

State  
NJ

Zip Code  
07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2020

Transaction ID : SA11AI.23039

Amount of Each Receipt this Period

3.00

☐ Memo Item  
CONTRIBUTION

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

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

56.13

# **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. SINGER, MARY, , ,**

Mailing Address 11 GERTZEN RD.

City  
RAMSEY

State  
NJ

Zip Code  
07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2020

Transaction ID : SA11AI.23040

Amount of Each Receipt this Period

2.00

☐ Memo Item  
CONTRIBUTION

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

**B. SMALL, BEVERLY, , ,**

Mailing Address 409 WEST TYNE DR

City  
NASHVILLE

State  
TN

Zip Code  
37205

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.60

Date of Receipt

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

Transaction ID : SA11AI.21465

Amount of Each Receipt this Period

40.40

☐ Memo Item  
CONTRIBUTION

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

**C. SMALL, BEVERLY, , ,**

Mailing Address 409 WEST TYNE DR

City  
NASHVILLE

State  
TN

Zip Code  
37205

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

241.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2020

Transaction ID : SA11AI.22572

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

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

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

62.40

# **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. SMELGUS, JIM, , ,**

Mailing Address 104 SUNRISE BLUFF CT

City  
SMITHFIELD

State  
VA

Zip Code  
23430

FEC ID number of contributing  
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  
04 / 29 / 2020

Transaction ID : SA11AI.23649

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 ▼

1825.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 02 / 2020

Transaction ID : SA11AI.21644

Amount of Each Receipt this Period

5.00

☐ 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 ▼

1875.00

Date of Receipt

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

Transaction ID : SA11AI.21643

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

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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 ▼

1900.00

Date of Receipt

**04** / **04** / **2020**

**Transaction ID : SA11AI.21641**

Amount of Each Receipt this Period

25.00

☐ 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 ▼

1945.00

Date of Receipt

**04** / **04** / **2020**

**Transaction ID : SA11AI.21642**

Amount of Each Receipt this Period

45.00

☐ 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 ▼

1960.00

Date of Receipt

**04** / **11** / **2020**

**Transaction ID : SA11AI.22257**

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)..... ►

85.00

# **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. 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 ▼

2005.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2020

Transaction ID : SA11AI.22906

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 ▼

2030.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2020

Transaction ID : SA11AI.22907

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 ▼

2105.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2020

Transaction ID : SA11AI.22905

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

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

145.00

TOTAL This Period (last 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. 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 ▼

2110.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 18 / 2020

**Transaction ID : SA11AI.22904**

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 ▼

2160.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2020

**Transaction ID : SA11AI.22903**

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 ▼

2210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 20 / 2020

**Transaction ID : SA11AI.22901**

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)..... ►

105.00

# **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 ▼

2260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 20 / 2020

Transaction ID : SA11AI.22902

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 ▼

2310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 21 / 2020

Transaction ID : SA11AI.23490

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 ▼

2315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2020

Transaction ID : SA11AI.23489

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)..... ►

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. 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 ▼

2318.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2020

Transaction ID : SA11AI.23488

Amount of Each Receipt this Period

3.00

☐ 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 ▼

2418.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2020

Transaction ID : SA11AI.23487

Amount of Each Receipt this Period

100.00

☐ 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 ▼

2463.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 29 / 2020

Transaction ID : SA11AI.23904

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)..... ►

148.00

# 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. 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 ▼

2513.00

Date of Receipt

**04** / **30** / **2020**

**Transaction ID : SA11AI.23903**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. SPENCE, CORINNE, , ,**

Mailing Address 2921 LAUREL DR

City  
SACRAMENTO

State  
CA

Zip Code  
95864

FEC ID number of contributing  
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

**04** / **12** / **2020**

**Transaction ID : SA11AI.22318**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. STRAIGHT, SANDY, , ,**

Mailing Address 3218 NORTH THOMPSON STREET

City  
SPRINGDALE

State  
AR

Zip Code  
72764

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
STRAIGHTS LAWN & GARDEN

Occupation (for Individual)  
BUINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

**04** / **26** / **2020**

**Transaction ID : SA11AI.23337**

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)..... ►

565.00

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

Use separate schedule(s)  
for each category of the  
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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. 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 ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2020

Transaction ID : SA11AI.22448

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. 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 ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 07 / 2020

Transaction ID : SA11AI.21829

Amount of Each Receipt this Period

60.00

☐ Memo Item  
CONTRIBUTION

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

**C. THOMPSON, DONALD, , ,**

Mailing Address 2561 STEESE HWY

City  
FAIRBANKS

State  
AK

Zip Code  
99712

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KINROSS

Occupation (for Individual)  
TEMP DISABLED MECHANIC

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  
04 / 06 / 2020

Transaction ID : SA11AI.21709

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)..... ►

220.00

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

Use separate schedule(s)  
for each category of the  
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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. 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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2020

Transaction ID : SA11AI.21344

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 ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 09 / 2020

Transaction ID : SA11AI.21751

Amount of Each Receipt this Period

25.00

☐ 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 ▼

244.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 09 / 2020

Transaction ID : SA11AI.21752

Amount of Each Receipt this Period

16.00

☐ Memo Item  
CONTRIBUTION

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

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

161.00

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

Use separate schedule(s)  
for each category of the  
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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. 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 ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 09 / 2020

Transaction ID : SA11AI.21753

Amount of Each Receipt this Period

2.00

☐ 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 ▼

254.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 09 / 2020

Transaction ID : SA11AI.21754

Amount of Each Receipt this Period

8.00

☐ Memo Item  
CONTRIBUTION

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

**C. 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2020

Transaction ID : SA11AI.22828

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)..... ►

85.00

# **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)

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

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NAME OF COMMITTEE (In Full)

**C3 PAC**

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

**A. WRIDE, RICHARD, , ,**

Mailing Address P. O. BOX 322

City  
GARFIELD

State  
WA

Zip Code  
99130

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CITY OF GARFIELD

Occupation (for Individual)

PROPERTY MAINTENANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2020

Transaction ID : SA11AI.22350

Amount of Each Receipt this Period

60.00

☐ 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)..... ►

60.00

8714.93



**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. 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	Y
0	4			2	0			2	0				

FEC Identification Number

**C****Transaction ID : SB21B.23006**

Amount of Each Disbursement this Period

70.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. REVV**Mailing 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	Y
0	4			0	6			2	0				

FEC Identification Number

**C****Transaction ID : SB21B.21336**

Amount of Each Disbursement this Period

4184.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. REVV**Mailing 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	Y
0	4			1	3			2	0				

FEC Identification Number

**C****Transaction ID : SB21B.21711**

Amount of Each Disbursement this Period

8698.65

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

12953.23

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 74 OF 74

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**C3 PAC**

Full Name (Last, First, Middle Initial)

## **A. REVV**

Mailing Address 1776 WILSON BLVD  
SUITE 530

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 20 / 2020

FEC Identification Number

**C**

**Transaction ID : SB21B.22357**

Amount of Each Disbursement this Period

8664.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. REVV**

Mailing Address 1776 WILSON BLVD  
SUITE 530

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2020

FEC Identification Number

**C**

**Transaction ID : SB21B.23007**

Amount of Each Disbursement this Period

6944.19

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. REVV**

Mailing Address 1776 WILSON BLVD  
SUITE 530

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2020

FEC Identification Number

**C**

**Transaction ID : SB21B.23584**

Amount of Each Disbursement this Period

5675.85

☐ Memo Item

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

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

21284.17

34237.40