

# 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

Fighting for Missouri PAC

ADDRESS (number and street) PO BOX 31476

Check if different than previously reported. (ACC) ST LOUIS MO 63131

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00692640

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

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

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

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

5. Covering Period M M / D D / Y Y Y Y Y Y 01 / 01 / 2021 through M M / D D / Y Y Y Y Y Y 06 / 30 / 2021

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

Type or Print Name of Treasurer

Signature of Treasurer PURPURA, SALVATORE, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 07 / 15 / 2021

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									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Fighting for Missouri PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>		127862.47
(b) Cash on Hand at Beginning of Reporting Period.....	127862.47	
(c) Total Receipts (from Line 19) .....	43788.25	43788.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	171650.72	171650.72
7. Total Disbursements (from Line 31).....	44463.45	44463.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	127187.27	127187.27
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Fighting for Missouri PAC

Report Covering the Period: From: 01 / 01 / 2021 To: 06 / 30 / 2021

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).....	41200.00	41200.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	41200.00	41200.00
(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) .....	41200.00	41200.00
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).....	2588.25	2588.25
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)).....▶	43788.25	43788.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	43788.25	43788.25

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	19463.45	19463.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	19463.45	19463.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	25000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	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)) ..	44463.45	44463.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44463.45	44463.45

**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) .....	41200.00	41200.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	41200.00	41200.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	19463.45	19463.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	2588.25	2588.25
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	16875.20	16875.20

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

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

FOR LINE NUMBER: PAGE 6 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Fighting for Missouri PAC**

**A. COOK, GERALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2340 E Cottage Blvd  
 City OZARK State MO Zip Code 65721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LOREN COOK CO Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 14 / 2021  
**Transaction ID : SA11AI.4711**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
**CONTRIBUTION**

**B. COOK, KAY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2340 E COTTAGE BLVD  
 City OZARK State MO Zip Code 65721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 14 / 2021  
**Transaction ID : SA11AI.4713**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
**CONTRIBUTION**

**C. GOLDMAN, MARC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address BOX 8020  
 City GARDEN CITY State NJ Zip Code 11530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 14 / 2021  
**Transaction ID : SA11AI.4709**  
 Amount of Each Receipt this Period  
 2800.00  
 Memo Item  
**CONTRIBUTION REFUND**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 12800.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Fighting for Missouri PAC**

**A. HEARST, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4650 OLD MILLSAP RD  
 City MILLSAP State TX Zip Code 76066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2021  
**Transaction ID : SA11AI.4704**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. HEARST, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4650 OLD MILLSAP RD  
 City MILLSAP State TX Zip Code 76066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2021  
**Transaction ID : SA11AI.4708**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
 CONTRIBUTION

**C. HENRY, BRENDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5932 LAWRENCE 2240  
 City MONETT State MO Zip Code 65708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2021  
**Transaction ID : SA11AI.4720**  
 Amount of Each Receipt this Period  
 2800.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Fighting for Missouri PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. MAHAFFEY, FREDNA, , ,</b>			Date of Receipt MM / DD / YYYY 03 / 26 / 2021
Mailing Address 3874 E VILLA WY			<b>Transaction ID : SA11AI.4693</b>
City SPRINGFIELD	State MO	Zip Code 65809	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. RICE, EDWIN, , ,</b>			Date of Receipt MM / DD / YYYY 03 / 19 / 2021
Mailing Address PO BOX 11250			<b>Transaction ID : SA11AI.4695</b>
City SPRINGFIELD	State MO	Zip Code 65808	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer (for Individual) Ozarks Coca-Cola/Dr Pepper Bot		Occupation (for Individual) CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. RINEY, PAULA, , ,</b>			Date of Receipt MM / DD / YYYY 03 / 29 / 2021
Mailing Address 1156 HIGHLAND POINTE DR			<b>Transaction ID : SA11AI.4700</b>
City ST. LOUIS	State MO	Zip Code 63131	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 9 OF 18  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Fighting for Missouri PAC**

**A. RINEY, RODGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1156 HIGHLAND POINTE DR  
 City ST LOUIS   State MO   Zip Code 63131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED   Occupation (for Individual) RETIRED  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2021  
**Transaction ID : SA11AI.4697**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 CONTRIBUTION

**B. STEINKAMP, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 98  
 City ROCHESTER   State VT   Zip Code 05767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED   Occupation (for Individual) RETIRED  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2021  
**Transaction ID : SA11AI.4715**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 CONTRIBUTION

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	41200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 18
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Fighting for Missouri PAC**

**A. FIRST BANKCARD**

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

Mailing Address 1620 DODGE ST

City OMAHA	State NE	Zip Code 68197
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1928.25

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2021

**Transaction ID : SA15.4725**

Amount of Each Receipt this Period  
1928.25

Memo Item  
CREDIT-TRAVEL

**B. LOEWS HOTEL**

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

Mailing Address 667 MADISON AVE

City NEW YORK	State NY	Zip Code 10065
------------------	-------------	-------------------

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 ▼  
1928.25

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2021

**Transaction ID : SA15.4725.0**

Amount of Each Receipt this Period  
1928.25

Memo Item  
CREDIT-TRAVEL

**C. THREE ARBOR INSURANCE**

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

Mailing Address 421 OFFICE PARK DR

City BIRMINGHAM	State AL	Zip Code 35223
--------------------	-------------	-------------------

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 ▼  
660.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2021

**Transaction ID : SA15.4691**

Amount of Each Receipt this Period  
660.00

Memo Item  
REFUND-INSURANCE

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2588.25
<b>TOTAL</b> This Period (last page this line number only).....	2588.25

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Fighting for Missouri PAC**

Full Name (Last, First, Middle Initial) <b>A. CAPITAL ENHANCEMENT INC</b>		Date of Disbursement MM / DD / YYYY 05 / 21 / 2021	
Mailing Address 150 LONG RD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4723</b> Amount of Each Disbursement this Period 3040.00	
City CHESTERFIELD	State MO	Zip Code 63005	Category/ Type
Purpose of Disbursement FINANCE CONSULTING		Memo Item <input type="checkbox"/>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. FIRST BANKCARD</b>		Date of Disbursement MM / DD / YYYY 06 / 07 / 2021	
Mailing Address 1620 DODGE ST		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4728</b> Amount of Each Disbursement this Period 1015.06	
City OMAHA	State NE	Zip Code 68197	Category/ Type
Purpose of Disbursement CREDIT CARD PAYMENT		Memo Item <input type="checkbox"/>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2021	
Mailing Address 2333 S WACKER DR		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4728.</b> Amount of Each Disbursement this Period 1015.06	
City CHICAGO	State IL	Zip Code 60601	Category/ Type
Purpose of Disbursement TRAVEL		Memo Item <input checked="" type="checkbox"/>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4055.06
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Fighting for Missouri PAC**

Full Name (Last, First, Middle Initial) <b>A. HOLTZMAN VOGEL</b>		Date of Disbursement MM / DD / YYYY 01 / 19 / 2021	
Mailing Address 45 N HILL DR		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4659</b> Amount of Each Disbursement this Period [REDACTED] 543.75	
City WARRENTON	State VA	Zip Code 20186	Category/ Type [REDACTED]
Purpose of Disbursement LEGAL CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. HOLTZMAN VOGEL</b>		Date of Disbursement MM / DD / YYYY 02 / 16 / 2021	
Mailing Address 45 N HILL DR		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4684</b> Amount of Each Disbursement this Period [REDACTED] 250.00	
City WARRENTON	State VA	Zip Code 20186	Category/ Type [REDACTED]
Purpose of Disbursement LEGAL CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. HOLTZMAN VOGEL</b>		Date of Disbursement MM / DD / YYYY 03 / 22 / 2021	
Mailing Address 45 N HILL DR		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4692</b> Amount of Each Disbursement this Period [REDACTED] 184.80	
City WARRENTON	State VA	Zip Code 20186	Category/ Type [REDACTED]
Purpose of Disbursement LEGAL CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 978.55
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Fighting for Missouri PAC**

Full Name (Last, First, Middle Initial)

**A. JOSH HAWLEY FOR SENATE**

Mailing Address PO BOX 31476

City  
ST. LOUIS

State  
MO

Zip Code  
63131

Purpose of Disbursement  
REPAYMENT TO FIGHTING FOR MO PAC--INCORRECT CREDIT CARD  
PAYMENT ACCOUNT DERIVED FOR PAC EXPENSES

Candidate Name

Office Sought:  
 House  
 Senate  
 President  
State: MO District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	2	1

FEC Identification Number

**C** C00652727

**Transaction ID : SB21B.4661**

Amount of Each Disbursement this Period

3419.84

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  
 House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	2	0

FEC Identification Number

**C**

**Transaction ID : SB21B.4661.C**

Amount of Each Disbursement this Period

2208.19

Memo Item

Full Name (Last, First, Middle Initial)

**C. ENTERPRISE CAR RENTAL**

Mailing Address 600 CORPORATE PARK DR

City  
ST LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  
 House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	2	0

FEC Identification Number

**C**

**Transaction ID : SB21B.4661.**

Amount of Each Disbursement this Period

214.03

Memo Item

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

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

3419.84

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Fighting for Missouri PAC**

Full Name (Last, First, Middle Initial) <b>A. ORLANDO MILLENIU</b>		Date of Disbursement MM / DD / YYYY 03 / 06 / 2020	
Mailing Address 5403 MILLENIA		FEC Identification Number C [REDACTED]	
City ORLANDO	State FL	Zip Code 32839	<b>Transaction ID : SB21B.4661.;</b>
Purpose of Disbursement TRAVEL		Category/ Type	Amount of Each Disbursement this Period 745.64
Candidate Name			<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. MISSOURI REPUBLICAN STATE COMMITTEE-FEDERAL</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2021	
Mailing Address PO BOX 73		FEC Identification Number C C00008664	
City JEFFERSON CITY	State MO	Zip Code 65102	<b>Transaction ID : SB21B.4733</b>
Purpose of Disbursement FACILITY RENTAL/CATERING		Category/ Type	Amount of Each Disbursement this Period 1812.50
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. WESTIN KANSAS CITY AT CROWN CENTER</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2021	
Mailing Address 1 E PERSHING RD		FEC Identification Number C [REDACTED]	
City KANSAS CITY	State MO	Zip Code 64108	<b>Transaction ID : SB21B.4733.</b>
Purpose of Disbursement FACILITY RENTAL/CATERING		Category/ Type	Amount of Each Disbursement this Period 1812.50
Candidate Name			<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1812.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Fighting for Missouri PAC**

Full Name (Last, First, Middle Initial) <b>A. PLOTKIN, KYLE, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 16 / 2021
Mailing Address 226 CROMWELL TERR NE		FEC Identification Number C <b>Transaction ID : SB21B.4658</b> Amount of Each Disbursement this Period 3555.00
City WASHINGTON	State DC	
Zip Code 20002		Memo Item <input type="checkbox"/>
Purpose of Disbursement SALARY	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. PLOTKIN, KYLE, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 02 / 2021
Mailing Address 226 CROMWELL TERR NE		FEC Identification Number C <b>Transaction ID : SB21B.4703</b> Amount of Each Disbursement this Period 3555.00
City WASHINGTON	State DC	
Zip Code 20002		Memo Item <input type="checkbox"/>
Purpose of Disbursement SALARY	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. PURPURA, SALVATORE, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 29 / 2021
Mailing Address 6334 PUMPERNICKEL LANE		FEC Identification Number C <b>Transaction ID : SB21B.4660</b> Amount of Each Disbursement this Period 825.00
City MONROE	State NC	
Zip Code 28110		Memo Item <input type="checkbox"/>
Purpose of Disbursement COMPLIANCE CONSULTING	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7935.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Fighting for Missouri PAC**

Full Name (Last, First, Middle Initial) <b>A. PURPURA, SALVATORE, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2021
Mailing Address 6334 PUMPERNICKEL LANE		FEC Identification Number C <b>Transaction ID : SB21B.4685</b> Amount of Each Disbursement this Period 262.50
City MONROE	State NC	
Purpose of Disbursement COMPLIANCE CONSULTING		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PURPURA, SALVATORE, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2021
Mailing Address 6334 PUMPERNICKEL LANE		FEC Identification Number C <b>Transaction ID : SB21B.4702</b> Amount of Each Disbursement this Period 225.00
City MONROE	State NC	
Purpose of Disbursement COMPLIANCE CONSULTING		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PURPURA, SALVATORE, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2021
Mailing Address 6334 PUMPERNICKEL LANE		FEC Identification Number C <b>Transaction ID : SB21B.4718</b> Amount of Each Disbursement this Period 225.00
City MONROE	State NC	
Purpose of Disbursement COMPLIANCE CONSULTING		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

712.50

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Fighting for Missouri PAC**

Full Name (Last, First, Middle Initial) <b>A. PURPURA, SALVATORE, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2021
Mailing Address 6334 PUMPERNICKEL LANE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4724</b> Amount of Each Disbursement this Period [ ] 375.00
City MONROE	State NC	Zip Code 28110
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. PURPURA, SALVATORE, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2021
Mailing Address 6334 PUMPERNICKEL LANE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4732</b> Amount of Each Disbursement this Period [ ] 150.00
City MONROE	State NC	Zip Code 28110
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY [ ] / [ ] / [ ]
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period [ ]
City	State	Zip Code
Purpose of Disbursement		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 525.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 19438.45

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Fighting for Missouri PAC**

**A. GRASSLEY COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

Candidate Name  
**GRASSLEY COMMITTEE, INC.**

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

State: IA District: 00

Date of Disbursement: 06 / 27 / 2021

FEC Identification Number: C00230482  
Transaction ID : SB23.4730  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**B. JOHN KENNEDY FOR US SENATE**

Full Name (Last, First, Middle Initial)  
Mailing Address 2900 CLEARVIEW PKWY SUITE 206

City METAIRIE State LA Zip Code 70006

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

Candidate Name  
**JOHN KENNEDY FOR US SENATE**

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

State: LA District: 00

Date of Disbursement: 03 / 16 / 2021

FEC Identification Number: C00608398  
Transaction ID : SB23.4688  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. NRSC**

Full Name (Last, First, Middle Initial)  
Mailing Address 425 2ND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
PARTY CONTRIBUTION

Candidate Name

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

State: District:

Date of Disbursement: 03 / 08 / 2021

FEC Identification Number: C00027466  
Transaction ID : SB23.4686  
Amount of Each Disbursement this Period: 15000.00

Memo Item

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