

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**
406 PAC

ADDRESS (number and street) PO BOX 4907
HELENA MT 59604

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00764431 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period [07] / [01] / [2021] through [12] / [31] / [2021]

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

Signature of Treasurer DENOWH, CHARLES, , , [Electronically Filed] Date [01] / [31] / [2022]

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

406 PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="8752.30"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="45675.75"/>	<input type="text" value="57672.05"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="54428.05"/>	<input type="text" value="57672.05"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11317.84"/>	<input type="text" value="14561.84"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="43110.21"/>	<input type="text" value="43110.21"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

406 PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5000.00	5000.00
(ii) Unitemized	0.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5000.00	5100.00
(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)	5000.00	5100.00
12. Transfers From Affiliated/Other Party Committees.....	40675.75	52572.05
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)).....▶	45675.75	57672.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	45675.75	57672.05

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	7317.84	10561.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7317.84	10561.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	4000.00
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)) ..	11317.84	14561.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11317.84	14561.84

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5000.00	5100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5000.00	5100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7317.84	10561.84
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7317.84	10561.84

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
406 PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
FANCELLI, JULIA, J., MS.,

Mailing Address 2000 E EDGEWOOD DR STE 102

City LAKELAND	State FL	Zip Code 33803-3600
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2021

Transaction ID : SA11A.68351

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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

Mailing Address

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**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 7 OF 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
406 PAC

A. ROSENDALE VICTORY FUND
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1390 CHAIN BRIDGE RD STE 515

City MCLEAN	State VA	Zip Code 22101-3904
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FEC ID number of contributing federal political committee. **C** C00749788

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
52572.05

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2021
Transaction ID : SA12.68447

Amount of Each Receipt this Period
32000.00

Memo Item
TRANSFER

B. BILLION, JOE, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 32 KEAN DR

City BOZEMAN	State MT	Zip Code 59718-8706
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FEC ID number of contributing federal political committee. **C**

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

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
06 / 24 / 2021
Transaction ID : SA.67295.6.RVF7

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER
TRANSFER FROM ROSENDALE VICTORY

C. GOBLE, GEOFFREY, L., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 387 E. BOULDER RD

City MC LEOD	State MT	Zip Code 59052-8819
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2021
Transaction ID : SA.68138.6.RVF7

Amount of Each Receipt this Period
2500.00

Memo Item
TRANSFER
TRANSFER FROM ROSENDALE VICTORY

SUBTOTAL of Receipts This Page (optional).....	32000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
406 PAC

A. GOBLE, NANCY, G., MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 387 E. BOULDER RD

City MC LEOD	State MT	Zip Code 59052-8819
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2021

Transaction ID : SA.68137.6.RVF7

Amount of Each Receipt this Period
2500.00

Memo Item
TRANSFER
TRANSFER FROM ROSENDALE VICTORY

B. GRASSO, DONALD, P., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 680 SOUTH CACHE STREET

City JACKSON	State WY	Zip Code 83001-8694
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RYTEC CORPORATION	Occupation (for Individual) CHAIRMAN & 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
09		15		2021

Transaction ID : SA.68296.6.RVF7

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER
TRANSFER FROM ROSENDALE VICTORY

C. LANGLAS, STEPHEN, R., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2961 N. SLOPE TRAIL

City BILLINGS	State MT	Zip Code 59102-0800
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LANGLAS & ASSOCIATES INC	Occupation (for Individual) OWNER
---	--------------------------------------

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
09		03		2021

Transaction ID : SA.68134.6.RVF7

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER
TRANSFER FROM ROSENDALE VICTORY

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
406 PAC

A. MCCRAY, MARK, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 TRAILS END LN

City PONY	State MT	Zip Code 59247-
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2021

Transaction ID : SA.67296.6.RVF7

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER

TRANSFER FROM ROSENDALE VICTORY

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

Mailing Address 105 TRAILS END LN

City PONY	State MT	Zip Code 59247-
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2021

Transaction ID : SA.67294.6.RVF7

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER

TRANSFER FROM ROSENDALE VICTORY

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

Mailing Address 52 PORTLAND PL

City SAINT LOUIS	State MO	Zip Code 63108-1242
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CIVIC SERVICE, INC.	Occupation (for Individual) CONSULTANT
--	---

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
08	/	10	/	2021

Transaction ID : SA.67713.6.RVF7

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER

TRANSFER FROM ROSENDALE VICTORY

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

**SCHEDULE A (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 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
406 PAC

A. PORTER, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9094 DOSS SPRINGS CREEK ROAD
 City DOSS State TX Zip Code 78618-0219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **07 / 19 / 2021**
Transaction ID : SA.68389.6.RVF7
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ROSENDALE VICTORY

B. ROSENDALE VICTORY FUND
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1390 CHAIN BRIDGE RD STE 515
 City MCLEAN State VA Zip Code 22101-3904
 FEC ID number of contributing federal political committee. **C** C00749788
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 52572.05

Date of Receipt **12 / 29 / 2021**
Transaction ID : SA12.69044
 Amount of Each Receipt this Period 8675.75
 Memo Item
 TRANSFER

C. ANWAR, SYED, JAVAID, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 NORTH MARIENFELD STREET SUITE 101
 City MIDLAND State TX Zip Code 79701-4412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MIDLAND ENERGY Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **10 / 19 / 2021**
Transaction ID : SA.68600.6.RVF8
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ROSENDALE VICTORY

SUBTOTAL of Receipts This Page (optional).....	8675.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
406 PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DUNN, TIMOTHY, MARVIN, MR.,

Mailing Address **P.O. BOX 52268**

City MIDLAND	State TX	Zip Code 79710-2268
------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) CROWN QUEST OPERATING LLC	Occupation (for Individual) CEO
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 08 / 2021

Transaction ID : SA.68699.6.RVF8

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER

TRANSFER FROM ROSENDALE VICTORY

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

Mailing Address

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

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

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	40675.75

**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)
406 PAC

Full Name (Last, First, Middle Initial) A. TRUIST BANK (FORMERLY BB&T)		Date of Disbursement MM / DD / YYYY 07 / 01 / 2021
Mailing Address 1445 NEW YORK AVE NE 4TH FL		FEC Identification Number C [] Transaction ID : SB21B001
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 5.00
Candidate Name		Memo Item <input type="checkbox"/>
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. INTUIT		Date of Disbursement MM / DD / YYYY 07 / 06 / 2021
Mailing Address 2700 COAST AVE		FEC Identification Number C [] Transaction ID : SB21B002
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement SUBSCRIPTION		Amount of Each Disbursement this Period [] 40.00
Candidate Name		Memo Item <input type="checkbox"/>
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. INTUIT		Date of Disbursement MM / DD / YYYY 07 / 08 / 2021
Mailing Address 2700 COAST AVE		FEC Identification Number C [] Transaction ID : SB21B003
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement SUBSCRIPTION		Amount of Each Disbursement this Period [] 130.34
Candidate Name		Memo Item <input type="checkbox"/>
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 175.34
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)
406 PAC

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement MM / DD / YYYY 07 / 22 / 2021
Mailing Address 1593 SPRING HILL RD STE 400		FEC Identification Number C [] Transaction ID : SB21B004
City VIENNA	State VA	Zip Code 22182
Purpose of Disbursement DATABASE MANAGEMENT SERVICE		Amount of Each Disbursement this Period [] 50.00
Candidate Name		Memo Item <input type="checkbox"/>
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. TRUIST BANK (FORMERLY BB&T)		Date of Disbursement MM / DD / YYYY 08 / 02 / 2021
Mailing Address 1445 NEW YORK AVE NE 4TH FL		FEC Identification Number C [] Transaction ID : SB21B005
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 5.00
Candidate Name		Memo Item <input type="checkbox"/>
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. INTUIT		Date of Disbursement MM / DD / YYYY 08 / 03 / 2021
Mailing Address 2700 COAST AVE		FEC Identification Number C [] Transaction ID : SB21B006
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement SUBSCRIPTION		Amount of Each Disbursement this Period [] 40.00
Candidate Name		Memo Item <input type="checkbox"/>
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 95.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
406 PAC

Full Name (Last, First, Middle Initial) A. HOLLOWAY CONSULTING INC		Date of Disbursement MM / DD / YYYY 08 / 18 / 2021
Mailing Address 1530 WILSON BLVD STE 440		FEC Identification Number C [] Transaction ID : SB21B008
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement FINANCE CONSULTING		Amount of Each Disbursement this Period [] 1500.00
Candidate Name		Category/Type []
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. RIGHTSIDE COMPLIANCE		Date of Disbursement MM / DD / YYYY 08 / 18 / 2021
Mailing Address PO BOX 341027		FEC Identification Number C [] Transaction ID : SB21B007
City AUSTIN	State TX	Zip Code 78734
Purpose of Disbursement COMPLIANCE CONSULTING		Amount of Each Disbursement this Period [] 1732.50
Candidate Name		Category/Type []
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) C. CMDI		Date of Disbursement MM / DD / YYYY 08 / 24 / 2021
Mailing Address 1593 SPRING HILL RD STE 400		FEC Identification Number C [] Transaction ID : SB21B009
City VIENNA	State VA	Zip Code 22182
Purpose of Disbursement DATABASE MANAGEMENT SERVICE		Amount of Each Disbursement this Period [] 50.00
Candidate Name		Category/Type []
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

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

[] 3282.50

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)
406 PAC

Full Name (Last, First, Middle Initial) A. TRUIST BANK (FORMERLY BB&T)		Date of Disbursement MM / DD / YYYY 08 / 26 / 2021	
Mailing Address 1445 NEW YORK AVE NE 4TH FL		FEC Identification Number C [] Transaction ID : SB21B010	
City WASHINGTON	State DC	Zip Code 20005	Amount of Each Disbursement this Period [] 36.00
Purpose of Disbursement BANK FEE		Category/ Type []	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. TRUIST BANK (FORMERLY BB&T)		Date of Disbursement MM / DD / YYYY 09 / 01 / 2021	
Mailing Address 1445 NEW YORK AVE NE 4TH FL		FEC Identification Number C [] Transaction ID : SB21B011	
City WASHINGTON	State DC	Zip Code 20005	Amount of Each Disbursement this Period [] 5.00
Purpose of Disbursement BANK FEE		Category/ Type []	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) C. INTUIT		Date of Disbursement MM / DD / YYYY 09 / 03 / 2021	
Mailing Address 2700 COAST AVE		FEC Identification Number C [] Transaction ID : SB21B012	
City MOUNTAIN VIEW	State CA	Zip Code 94043	Amount of Each Disbursement this Period [] 40.00
Purpose of Disbursement SUBSCRIPTION		Category/ Type []	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)..... ▶

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

[] 81.00
[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
406 PAC

Full Name (Last, First, Middle Initial)
A. CMDI

Mailing Address 1593 SPRING HILL RD STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 22 / 2021

FEC Identification Number: C

Transaction ID : **SB21B013**

Amount of Each Disbursement this Period: 50.00

Memo Item

Full Name (Last, First, Middle Initial)
B. RIGHTSIDE COMPLIANCE

Mailing Address PO BOX 341027

City AUSTIN State TX Zip Code 78734

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 24 / 2021

FEC Identification Number: C

Transaction ID : **SB21B015**

Amount of Each Disbursement this Period: 1518.50

Memo Item

Full Name (Last, First, Middle Initial)
C. THE GOBER GROUP PLLC

Mailing Address PO BOX 341016

City AUSTIN State TX Zip Code 78734

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 24 / 2021

FEC Identification Number: C

Transaction ID : **SB21B014**

Amount of Each Disbursement this Period: 278.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1846.50

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)
406 PAC

Full Name (Last, First, Middle Initial)
A. TRUIST BANK (FORMERLY BB&T)

Date of Disbursement: / /

Mailing Address: 1445 NEW YORK AVE NE 4TH FL

City: WASHINGTON State: DC Zip Code: 20005

Purpose of Disbursement: BANK FEE

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number:
Transaction ID : SB21B016
Amount of Each Disbursement this Period:
 Memo Item

Full Name (Last, First, Middle Initial)
B. INTUIT

Date of Disbursement: / /

Mailing Address: 2700 COAST AVE

City: MOUNTAIN VIEW State: CA Zip Code: 94043

Purpose of Disbursement: SUBSCRIPTION

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number:
Transaction ID : SB21B017
Amount of Each Disbursement this Period:
 Memo Item

Full Name (Last, First, Middle Initial)
C. CMDI

Date of Disbursement: / /

Mailing Address: 1593 SPRING HILL RD STE 400

City: VIENNA State: VA Zip Code: 22182

Purpose of Disbursement: DATABASE MANAGEMENT SERVICE

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number:
Transaction ID : SB21B018
Amount of Each Disbursement this Period:
 Memo Item

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

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)
406 PAC

A. RIGHTSIDE COMPLIANCE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 341027

City AUSTIN State TX Zip Code 78734

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 22 / 2021

FEC Identification Number: C

Transaction ID : SB21B019

Amount of Each Disbursement this Period: 292.50

Memo Item

B. THE GOBER GROUP PLLC

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 341016

City AUSTIN State TX Zip Code 78734

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 22 / 2021

FEC Identification Number: C

Transaction ID : SB21B020

Amount of Each Disbursement this Period: 297.50

Memo Item

C. INTUIT

Full Name (Last, First, Middle Initial)

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2021

FEC Identification Number: C

Transaction ID : SB21B021

Amount of Each Disbursement this Period: 40.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 630.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
406 PAC

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement MM / DD / YYYY 11 / 23 / 2021
Mailing Address 1593 SPRING HILL RD STE 400		FEC Identification Number C Transaction ID : SB21B022 Amount of Each Disbursement this Period 50.00
City VIENNA	State VA Zip Code 22182	
Purpose of Disbursement DATABASE MANAGEMENT SERVICE		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. RIGHTSIDE COMPLIANCE		Date of Disbursement MM / DD / YYYY 11 / 23 / 2021
Mailing Address PO BOX 341027		FEC Identification Number C Transaction ID : SB21B024 Amount of Each Disbursement this Period 472.50
City AUSTIN	State TX Zip Code 78734	
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) C. THE GOBER GROUP PLLC		Date of Disbursement MM / DD / YYYY 11 / 23 / 2021
Mailing Address 1530 WILSON BLVD STE 440		FEC Identification Number C Transaction ID : SB21B023 Amount of Each Disbursement this Period 500.00
City ARLINGTON	State VA Zip Code 22209	
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:		

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

1022.50

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)
406 PAC

Full Name (Last, First, Middle Initial)
A. INTUIT

Mailing Address **2700 COAST AVE**

City **MOUNTAIN VIEW** State **CA** Zip Code **94043**

Purpose of Disbursement **SUBSCRIPTION**

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **12 / 03 / 2021**

FEC Identification Number: **C**

Transaction ID : SB21B025

Amount of Each Disbursement this Period: **40.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. CMDI

Mailing Address **1593 SPRING HILL RD STE 400**

City **VIENNA** State **VA** Zip Code **22182**

Purpose of Disbursement **DATABASE MANAGEMENT SERVICE**

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **12 / 23 / 2021**

FEC Identification Number: **C**

Transaction ID : SB21B026

Amount of Each Disbursement this Period: **50.00**

Memo Item

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: **C**

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ **90.00**

TOTAL This Period (last page this line number only)..... ▶ **7317.84**

**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 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)
406 PAC

A. MARY MILLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 23326 E COUNTY ROAD 1960 N

City OAKLAND State IL Zip Code 61943

Purpose of Disbursement CONTRIBUTION

Candidate Name MILLER, MARY, , ,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: IL District: 15

Date of Disbursement 12 / 08 / 2021

FEC Identification Number C C00723916

Transaction ID : SB23001

Amount of Each Disbursement this Period 2000.00

Memo Item

B. MOONEY FOR CONGRESS 2022

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1863

City MARTINSBURG State WV Zip Code 25402

Purpose of Disbursement CONTRIBUTION

Candidate Name MOONEY, ALEXANDER, XAVIER, ,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: WV District: 02

Date of Disbursement 12 / 08 / 2021

FEC Identification Number C C00768705

Transaction ID : SB23002

Amount of Each Disbursement this Period 2000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	4000.00