

# 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.

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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  /  /  through  /  /

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

Type or Print Name of Treasurer

Signature of Treasurer  Date  /  /

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

Defend Our Conservative Senate PAC (DOC'S PAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		98429.05
(b) Cash on Hand at Beginning of Reporting Period.....	178407.84	
(c) Total Receipts (from Line 19) .....	129680.49	293680.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	308088.33	392109.54
7. Total Disbursements (from Line 31).....	125683.83	209705.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	182404.50	182404.50
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 the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Defend Our Conservative Senate PAC (DOC'S 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).....	14500.00	51500.00
(ii) Unitemized .....	0.01	0.01
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	14500.01	51500.01
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	92250.00	219250.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	106750.01	270750.01
12. Transfers From Affiliated/Other Party Committees.....	22930.48	22930.48
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)).....▶	129680.49	293680.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	129680.49	293680.49

**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 .....	63583.83	97605.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	63583.83	97605.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60000.00	100000.00
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	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	5000.00
29. Other Disbursements (Including Non-Federal Donations).....	2100.00	7100.00
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)) ..	125683.83	209705.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	125683.83	209705.04

**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) .....	106750.01	270750.01
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	106750.01	265750.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	63583.83	97605.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	63583.83	97605.04

**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 64  
(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

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

**A. BOCKORNY, DAVID, ALAN, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3101 BISHOP JONES PLACE

City SIOUX FALLS	State SD	Zip Code 57103-4669
---------------------	-------------	------------------------

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

Name of Employer (for Individual) BOCKORNY GROUP	Occupation (for Individual) PARTNER
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2023

**Transaction ID : SA11A.59351**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 2620 FENWICK ROAD

City UNIVERSITY HEIGHTS	State OH	Zip Code 44118-4429
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HARGAN GROUP	Occupation (for Individual) PRINCIPAL
---	--

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
07		24		2023

**Transaction ID : SA11A.59486**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

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

Mailing Address 5514 SHERIER PLACE NORTHWEST

City WASHINGTON	State DC	Zip Code 20016-2564
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) POLARIS CONSULTING	Occupation (for Individual) PARTNER
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2023

**Transaction ID : SA11A.60808**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<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 7 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. DELGADO, MARTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12300 SKYLARK LANE  
 City BOWIE State MD Zip Code 20715-2118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) S3 GROUP Occupation (for Individual) LOBBYIST  
 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  
 09 / 30 / 2023  
**Transaction ID : SA11A.59490**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
**CONTRIBUTION**

**B. FAISON, JAY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1355 GREENWOOD CLIFF  
 City CHARLOTTE State NC Zip Code 28204-2952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 2040 FOUNDATION Occupation (for Individual) DIRECTOR  
 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  
 12 / 08 / 2023  
**Transaction ID : SA11A.60704**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
**CONTRIBUTION**

**C. GUIDA, ALFONSO, , , JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 440 1ST STREET NORTHWEST SUITE 430  
 City WASHINGTON State DC Zip Code 20001-2395  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GUIDE CONSULTING SERVICES Occupation (for Individual) CONSULTING  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2023  
**Transaction ID : SA11A.59512**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6500.00  
**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 8 OF 64  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. HANNA, CHRIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4428 IRVIN SIMMONS DRIVE  
 City DALLAS State TX Zip Code 75229-4247  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PACIFIC ACCESS LLC Occupation (for Individual) CEO  
 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  
 07 / 24 / 2023  
**Transaction ID : SA11A.59487**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
**CONTRIBUTION**

**B. HOLLAND, EMILY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1282 QUAKER HILL DRIVE  
 City ALEXANDRIA State VA Zip Code 22314-4763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CAPITOL HILL CONSULTING GROUP Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2023  
**Transaction ID : SA11A.59489**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
**CONTRIBUTION**

**C. IRIZARRY, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 G STREET NORTHWEST  
 City WASHINGTON State DC Zip Code 20001-5332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ROBERTI GLOBAL LLC Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2023  
**Transaction ID : SA11A.59488**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00  
**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 9 OF 64
(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)  
**Defend Our Conservative Senate PAC (DOC'S PAC)**

**A. OKUN, BERNARD, ROBERT, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6612 MAUGH RD.  
 City MCLEAN State VA Zip Code 22101-4021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE O TEAM, LLC Occupation (for Individual) GOVERNMENT RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 04 / 2023  
**Transaction ID : SA11A.59355**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
**CONTRIBUTION**

**B. ZUMWALT, BRYAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4109 18TH ST. N  
 City ARLINGTON State VA Zip Code 22207-3055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FTI CONSULTING Occupation (for Individual) SENIOR MANAGING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 17 / 2023  
**Transaction ID : SA11A.59502**  
 Amount of Each Receipt this Period 1000.00  
 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  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	14500.00

# 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 64
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. ABBOTT LABORATORIES EMPLOYEE POLITICAL ACTION COMMITTEE**

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

Mailing Address 100 ABBOTT PARK RD.  
D315 AP6D-2

City ABBOTT PARK State IL Zip Code 60064-3502

FEC ID number of contributing federal political committee. **C** C00040279

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
09 / 29 / 2023  
**Transaction ID : SA11C.59358**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION POLITICAL ACTION**

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

Mailing Address 1445 NEW YORK AVENUE NORTHWEST

City WASHINGTON State DC Zip Code 20005-2134

FEC ID number of contributing federal political committee. **C** C00359539

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
09 / 21 / 2023  
**Transaction ID : SA11C.59301**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE**

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

Mailing Address 1111 14TH STREET, NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20005-5627

FEC ID number of contributing federal political committee. **C** C00000729

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
12 / 29 / 2023  
**Transaction ID : SA11C.60807**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10000.00

**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 11 OF 64
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. AMERICAN EXPRESS COMPANY POLITICAL ACTION COMMITTEE (AXPPAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 801 PENNSYLVANIA AVE. NW SUITE 650

City WASHINGTON	State DC	Zip Code 20004-2673
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FEC ID number of contributing federal political committee. **C** C00040535

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2023

**Transaction ID : SA11C.59352**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. AMERICAN HOTEL AND LODGING ASSOCIATION POLITICAL ACTION COMM**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1250 I STREET, NW #1100

City WASHINGTON	State DC	Zip Code 20005-5904
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FEC ID number of contributing federal political committee. **C** C00001198

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2023

**Transaction ID : SA11C.59360**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS POLITICAL**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PALLADIAN 1  
220 LEIGH FARM RD

City DURHAM	State NC	Zip Code 27707-8110
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FEC ID number of contributing federal political committee. **C** C00077321

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2023

**Transaction ID : SA11C.60600**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 64
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE**

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

Mailing Address 1505 PRINCE STREET  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314-2874

FEC ID number of contributing federal political committee. **C** C00024968

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
09 / 21 / 2023  
**Transaction ID : SA11C.59302**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. AMERICAN OSTEOPATHIC INFORMATION ASSOCIATION - OSTEOPATHIC P**

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

Mailing Address 511 2ND STREET NE

City WASHINGTON State DC Zip Code 20002-4916

FEC ID number of contributing federal political committee. **C** C00113803

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
07 / 28 / 2023  
**Transaction ID : SA11C.59350**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C. AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMM**

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

Mailing Address 1061 AMERICAN LANE

City SCHAUMBURG State IL Zip Code 60173-4973

FEC ID number of contributing federal political committee. **C** C00255752

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
12 / 12 / 2023  
**Transaction ID : SA11C.60712**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 64
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. COHERUS BIOSCIENCES POLITICAL ACTION COMMITTEE**

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

Mailing Address 115 S. UNION STREET  
SUITE 210

City ALEXANDRIA State VA Zip Code 22314-3361

FEC ID number of contributing federal political committee. **C** C00789370

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
08 / 28 / 2023  
**Transaction ID : SA11C.59229**

Amount of Each Receipt this Period  
750.00

Memo Item  
CONTRIBUTION

**B. DRIVE COMMITTEE - DEMOCRAT, REPUBLICAN, INDEPENDENT VOTER ED**

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

Mailing Address 25 LOUISIANA AVE., NW

City WASHINGTON State DC Zip Code 20001-2130

FEC ID number of contributing federal political committee. **C** C00032979

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
12 / 20 / 2023  
**Transaction ID : SA11C.60753**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. GLAXOSMITHKLINE LLC PAC (GSK PAC)**

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

Mailing Address 1201 F ST NW - STE 480

City WASHINGTON State DC Zip Code 20004-1240

FEC ID number of contributing federal political committee. **C** C00199703

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
12 / 18 / 2023  
**Transaction ID : SA11C.60730**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 64
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. KOCH INDUSTRIES INC. - KOCHPAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4111 EAST 37TH STREET NORTH

City WICHITA	State KS	Zip Code 67220-3203
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C90021031

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2023

**Transaction ID : SA11C.59356**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. LOCKTON INC POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 444 WEST 47TH STREET

City KANSAS CITY	State MO	Zip Code 64112-1957
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00652529

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2023

**Transaction ID : SA11C.59300**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. MARATHON PETROLEUM CORPORATION EMPLOYEES POLITICAL ACTION CO**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 539 S. MAIN STREET

City FINDLAY	State OH	Zip Code 45840-3229
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00496307

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2023

**Transaction ID : SA11C.60751**

Amount of Each Receipt this Period  
3000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	13000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 64
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MARATHON PETROLEUM CORPORATION EMPLOYEES POLITICAL ACTION CO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 539 S. MAIN STREET  
 City FINDLAY State OH Zip Code 45840-3229  
 FEC ID number of contributing federal political committee. **C** C00496307  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **12 / 20 / 2023**  
**Transaction ID : SA11C.60752**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
**CONTRIBUTION**

**B. MERCK & CO., INC., EMPLOYEES POLITICAL ACTION COMMITTEE (MER**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 PENNSYLVANIA AVE., NW NORTH BUILDING, SUITE 1200  
 City WASHINGTON State DC Zip Code 20004-2601  
 FEC ID number of contributing federal political committee. **C** C00097485  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **12 / 04 / 2023**  
**Transaction ID : SA11C.60673**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
**CONTRIBUTION**

**C. MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3720 159TH AVENUE, NORTHEAST BUILDING 34, ROOM 4677  
 City REDMOND State WA Zip Code 98052-6306  
 FEC ID number of contributing federal political committee. **C** C00227546  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **07 / 03 / 2023**  
**Transaction ID : SA11C.58071**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6500.00
<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 16 OF 64
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1325 MASSACHUSETTS AVE., NW  
 City WASHINGTON State DC Zip Code 20005-4171  
 FEC ID number of contributing federal political committee. **C** C00238725  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **10 / 02 / 2023**  
**Transaction ID : SA11C.59345**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 CONTRIBUTION

**B. NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE / AME**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4950 W ROYAL LANE  
 City IRVING State TX Zip Code 75063-2524  
 FEC ID number of contributing federal political committee. **C** C00140061  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **07 / 28 / 2023**  
**Transaction ID : SA11C.59348**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**C. NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE / AME**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4950 W ROYAL LANE  
 City IRVING State TX Zip Code 75063-2524  
 FEC ID number of contributing federal political committee. **C** C00140061  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **11 / 17 / 2023**  
**Transaction ID : SA11C.60598**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<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 17 OF 64
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE / AME**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4950 W ROYAL LANE

City IRVING	State TX	Zip Code 75063-2524
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00140061

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2023

**Transaction ID : SA11C.60750**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. NATIONAL RETAIL FEDERATION RETAILPAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1101 NEW YORK AVENUE, NW  
SUITE 1200

City WASHINGTON	State DC	Zip Code 20005-4348
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00040329

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

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
07	/	24	/	2023

**Transaction ID : SA11C.59149**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. NUTRIEN AG SOLUTIONS EMPLOYEE CITIZENSHIP FUND POLITICAL ACT**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 3005 ROCKY MOUNTAIN AVE

City LOVELAND	State CO	Zip Code 80538-9001
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00385039

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2023

**Transaction ID : SA11C.60705**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8500.00
<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 18 OF 64
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. PFIZER INC. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 235 EAST 42ND STREET

City NEW YORK	State NY	Zip Code 10017-5703
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00016683

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2023

**Transaction ID : SA11C.60749**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. REALTORS POLITICAL ACTION COMMITTEE - RPAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 430 N MICHIGAN AVE

City CHICAGO	State IL	Zip Code 60611-4011
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00030718

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2023

**Transaction ID : SA11C.59353**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. SANOFI US SERVICES INC. EMPLOYEES' POLITICAL ACTION COMMITTEE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 55 CORPORATE DRIVE

City BRIDGEWATER	State NJ	Zip Code 08807-1265
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00144345

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2023

**Transaction ID : SA11C.60599**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7000.00
<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 19 OF 64  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. THE COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION C**

Mailing Address 701 PENNSYLVANIA AVENUE, NW  
SUITE 750

City WASHINGTON State DC Zip Code 20004-2661

FEC ID number of contributing federal political committee. **C** C00039578

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2023

**Transaction ID : SA11C.60754**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. THE GOLDMAN SACHS GROUP, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 101 CONSTITUTION AVENUE, NW  
SUITE 1000 EAST

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00350744

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

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  
12 / 27 / 2023

**Transaction ID : SA11C.60810**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. THE NORTHWESTERN MUTUAL LIFE INSURANCE CO. FEDERAL PAC (NORT**

Mailing Address 720 E WISCONSIN AVE

City MILWAUKEE State WI Zip Code 53202-4703

FEC ID number of contributing federal political committee. **C** C00197095

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2023

**Transaction ID : SA11C.59230**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 8500.00

**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 20 OF 64
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. UNITED PARCEL SERVICE INC. PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 GLENLAKE PARKWAY NE  
 City ATLANTA State GA Zip Code 30328-3474  
 FEC ID number of contributing federal political committee. **C** C00064766  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 29 / 2023  
**Transaction ID : SA11C.59357**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
**CONTRIBUTION**

**B. US ONCOLOGY INC. NETWORK PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10101 WOODLOCH FOREST DRIVE  
 City THE WOODLANDS State TX Zip Code 77380-1975  
 FEC ID number of contributing federal political committee. **C** C00339655  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : SA11C.59349**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
**CONTRIBUTION**

**C. US ONCOLOGY INC. NETWORK PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10101 WOODLOCH FOREST DRIVE  
 City THE WOODLANDS State TX Zip Code 77380-1975  
 FEC ID number of contributing federal political committee. **C** C00339655  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 08 / 2023  
**Transaction ID : SA11C.60703**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
**CONTRIBUTION**

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

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

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

FOR LINE NUMBER: PAGE 21 OF 64  
(check only one)

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
VERIZON COMMUNICATIONS, INC. POLITICAL ACTION COMMITTEE (VER)

Mailing Address 1300 I ST NW, STE 500 EAST  
ATTN: TAYLOR CRAIG

City WASHINGTON State DC Zip Code 20005-

FEC ID number of contributing federal political committee. **C** C00186288

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2023

**Transaction ID : SA11C.59359**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

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  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	92250.00

**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 22 OF 64
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. TEAM MARSHALL II**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 26141

City ALEXANDRIA	State VA	Zip Code 22313-6141
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00755074

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
22930.48

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2023  
**Transaction ID : SA12.59456**

Amount of Each Receipt this Period  
4065.29

Memo Item  
**TRANSFER**

**B. BRUGGEMAN, ADAM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 37 LA ESCALERA

City SAN ANTONIO	State TX	Zip Code 78261-2319
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
TEXAS SPINE CARE CENTER ORTHOPEDIC SPINE SURGEON

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 20 / 2023  
**Transaction ID : SA.55721.9.8009**

Amount of Each Receipt this Period  
200.00

Memo Item  
**TRANSFER**

**TRANSFER FROM TEAM MARSHAL II**

**C. CONAFAY, STEPHEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 8317 PERSIMMON TREE RD

City BETHESDA	State MD	Zip Code 20817-2647
------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
THE CONAFAY GROUP GOV REL

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 08 / 2022  
**Transaction ID : SA.48663.9.8009**

Amount of Each Receipt this Period  
1200.00

Memo Item  
**TRANSFER**

**2022 AGGREGATE; TRANSFER FROM TEAM MARSHAL II**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4065.29
<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 23 OF 64
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. CONAFAY, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8317 PERSIMMON TREE RD  
 City BETHESDA State MD Zip Code 20817-2647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE CONAFAY GROUP Occupation (for Individual) GOV REL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3700.00

Date of Receipt **05 / 01 / 2023**  
**Transaction ID : SA.55760.9.8009**  
 Amount of Each Receipt this Period 1200.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM MARSHAL II

**B. DURRIE, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6501 WENONGA RD  
 City MISSION HILLS State KS Zip Code 66208-1727  
 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 ▼ 1066.67

Date of Receipt **09 / 26 / 2023**  
**Transaction ID : SA.59299.9.8009**  
 Amount of Each Receipt this Period 1066.67  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM MARSHAL II

**C. EAKES, RON, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 GREENSBORO STREET  
 City PLAINS State KS Zip Code 67869-9756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JKL CONSTRUCTION Occupation (for Individual) GENERAL CONTRACTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt **09 / 07 / 2022**  
**Transaction ID : SA.48657.9.8009**  
 Amount of Each Receipt this Period 1700.00  
 Memo Item  
 TRANSFER  
 2022 AGGREGATE; TRANSFER FROM TEAM MARSHAL II

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 64
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. FOOTE, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address SOUTH ROAD 10 WEST  
 City HOXIE State KS Zip Code 67740-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) AGRICULTURE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3400.00

Date of Receipt 09 / 27 / 2023  
**Transaction ID : SA.59314.9.8009**  
 Amount of Each Receipt this Period 3400.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM MARSHAL II

**B. HEITZ, MARK, V., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 260 SW YORKSHIRE ROAD  
 City TOPEKA State KS Zip Code 66606-2283  
 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 08 / 11 / 2022  
**Transaction ID : SA.48488.9.8009**  
 Amount of Each Receipt this Period 4800.00  
 Memo Item  
 TRANSFER  
 2022 AGGREGATE; TRANSFER FROM TEAM MARSHAL II

**C. KIMBELL, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 950 AERIE DRIVE  
 City PARK CITY State UT Zip Code 84060-8846  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) HEALTH CARE CONSULTANT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 14 / 2022  
**Transaction ID : SA.48713.9.8009**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 TRANSFER  
 2022 AGGREGATE; TRANSFER FROM TEAM MARSHAL II

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 64
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
KNIGHT, J MATTHEW, , ,

Mailing Address 2100 VIA TUSCANY

City WINTER PARK	State FL	Zip Code 32789-1237
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2022

**Transaction ID : SA.48596.9.8009**

Amount of Each Receipt this Period  
3100.00

Memo Item  
TRANSFER

2022 AGGREGATE; TRANSFER FROM TEAM MARSHAL II

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

Mailing Address 2100 VIA TUSCANY

City WINTER PARK	State FL	Zip Code 32789-1237
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2023

**Transaction ID : SA.59221.9.8009**

Amount of Each Receipt this Period  
4200.00

Memo Item  
TRANSFER

TRANSFER FROM TEAM MARSHAL II

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

Mailing Address P.O. BOX 38

City LONG ISLAND	State KS	Zip Code 67647-0038
---------------------	-------------	------------------------

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

Name of Employer (for Individual) FIRST STATE BANK	Occupation (for Individual) BANKING
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2023

**Transaction ID : SA.59322.9.8009**

Amount of Each Receipt this Period  
1200.00

Memo Item  
TRANSFER

TRANSFER FROM TEAM MARSHAL II

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 64
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. NELSON, RON, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3322 LINCOLN DR  
 City HAYS State KS Zip Code 67601-1577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DOWNING NELSON OIL CO., INC. Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3400.00

Date of Receipt 08 / 14 / 2023  
**Transaction ID : SA.59195.9.8009**  
 Amount of Each Receipt this Period 3400.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM MARSHAL II

**B. NELSON, TERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1304 WEST FOX ROAD  
 City PRAIRIE VIEW State KS Zip Code 67664-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NELSON FARMS Occupation (for Individual) FARMER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 24 / 2022  
**Transaction ID : SA.48587.9.8009**  
 Amount of Each Receipt this Period 900.00  
 Memo Item  
 TRANSFER  
 2022 AGGREGATE; TRANSFER FROM TEAM MARSHAL II

**C. SPRAY, KIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5000 TIMBER CREEK ROAD  
 City GREAT BEND State KS Zip Code 67530-6638  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VENTURE CORP Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 14 / 2022  
**Transaction ID : SA.48714.9.8009**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 2022 AGGREGATE; TRANSFER FROM TEAM MARSHAL II

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 64
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. TEMME, ALANNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2231 48TH STREET NORTHWEST  
 City WASHINGTON State DC Zip Code 20007-1036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE MCMANUS GROUP Occupation (for Individual) LOBBYIST  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt **06 / 30 / 2023**  
**Transaction ID : SA.58047.9.8009**  
 Amount of Each Receipt this Period 900.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM MARSHAL II

**B. WALTER, JEFFERY M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1925 SUMMIT TERRACE  
 City ALEXANDRIA State VA Zip Code 22307-1146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CAPITOL COUNSEL Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2100.00

Date of Receipt **09 / 14 / 2022**  
**Transaction ID : SA.48711.9.8009**  
 Amount of Each Receipt this Period 2100.00  
 Memo Item  
 TRANSFER  
 2022 AGGREGATE; TRANSFER FROM TEAM MARSHAL II

**C. UNITED STATES PEANUT POLITICAL ACTION COMMITTEE (US PEANUT P**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 313 MASSACHUSETTS AVENUE NE  
 City WASHINGTON State DC Zip Code 20002-5701  
 FEC ID number of contributing federal political committee. **C** C00502807  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 31 / 2023**  
**Transaction ID : SA.54605.9.8009**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM MARSHAL II

**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 28 OF 64
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. UNITED STATES PEANUT POLITICAL ACTION COMMITTEE (US PEANUT P**

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

Mailing Address 313 MASSACHUSETTS AVENUE NE

City WASHINGTON	State DC	Zip Code 20002-5701
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FEC ID number of contributing federal political committee. **C** C00502807

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2023

**Transaction ID : SA.59304.9.8009**

Amount of Each Receipt this Period  
4000.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM MARSHAL II

**B. TEAM MARSHALL II**

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

Mailing Address PO BOX 26141

City ALEXANDRIA	State VA	Zip Code 22313-6141
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00755074

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
22930.48

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2023

**Transaction ID : SA12.60854**

Amount of Each Receipt this Period  
18865.19

Memo Item  
TRANSFER

**C. ALSAKER, DANIEL, , ,**

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

Mailing Address P.O. BOX 14646

City SPOKANE VALLEY	State WA	Zip Code 99214-0646
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
ALSAKER CORP EXEC

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2023

**Transaction ID : SA.59380.9.8010**

Amount of Each Receipt this Period  
1700.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM MARSHAL II

<b>SUBTOTAL</b> of Receipts This Page (optional).....	18865.19
<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 29 OF 64
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. CONAFAY, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8317 PERSIMMON TREE RD  
 City BETHESDA State MD Zip Code 20817-2647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE CONAFAY GROUP Occupation (for Individual) GOV REL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3700.00

Date of Receipt 10 / 04 / 2023  
**Transaction ID : SA.59378.9.8010**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM MARSHAL II

**B. FISCHER, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2101 E. CRESCENT DR.  
 City DODGE CITY State KS Zip Code 67801-2865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOWELL COUNTRY FEEDERS LLC Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3400.00

Date of Receipt 10 / 16 / 2023  
**Transaction ID : SA.59468.9.8010**  
 Amount of Each Receipt this Period 3400.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM MARSHAL II

**C. FOOTE, GREG, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9042 WEST 223RD STREET  
 City HOXIE State KS Zip Code 67740-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FOOTE CATTLE COMPANY Occupation (for Individual) AGRICULTURE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3400.00

Date of Receipt 09 / 16 / 2022  
**Transaction ID : SA.48746.9.8010**  
 Amount of Each Receipt this Period 3400.00  
 Memo Item  
 TRANSFER  
 2022 AGGREGATE; TRANSFER FROM TEAM MARSHAL II

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 64
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. HARSHBERGER, GARY, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302, UNIVERSITY DR  
 City DODGE CITY State KS Zip Code 67801-2946  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) AGRICULTURE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3400.00

Date of Receipt 10 / 15 / 2023  
**Transaction ID : SA.59459.9.8010**  
 Amount of Each Receipt this Period 3400.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM MARSHAL II

**B. JONAS, JONATHAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 547 GREENLEAF AVENUE  
 City GLENCOE State IL Zip Code 60022-1705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) INVESTMENTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3400.00

Date of Receipt 10 / 15 / 2023  
**Transaction ID : SA.59454.9.8010**  
 Amount of Each Receipt this Period 3400.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM MARSHAL II

**C. NICHOLS, MAX, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3230 MAIN STREET  
 City GREAT BEND State KS Zip Code 67530-6727  
 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 ▼ 3400.00

Date of Receipt 12 / 20 / 2023  
**Transaction ID : SA.60827.9.8010**  
 Amount of Each Receipt this Period 3400.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM MARSHAL II

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 64
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. SPRAY, ORVILLE, O., , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5000 TIMBER CREEK  
 City GREAT BEND State KS Zip Code 67530-6638  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VENTURE Occupation (for Individual) HIGHWAY CONTRACTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt **10 / 16 / 2023**  
**Transaction ID : SA.59465.9.8010**  
 Amount of Each Receipt this Period 1700.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM MARSHAL II

**B. STEVEN, RODNEY, L., , II**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6100 EAST CENTRAL AVENUE  
 City WICHITA State KS Zip Code 67208-4244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTH CLUBS Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4200.00

Date of Receipt **10 / 16 / 2023**  
**Transaction ID : SA.59469.9.8010**  
 Amount of Each Receipt this Period 4200.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM MARSHAL II

**C. VESS, MIKE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1700 WATERFRONT PARKWAY  
 City WICHITA State KS Zip Code 67206-6614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VESS ENERGY GROUP Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt **10 / 04 / 2023**  
**Transaction ID : SA.60853.9.8010**  
 Amount of Each Receipt this Period 1300.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM MARSHAL II

**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 32 OF 64
<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input checked="" type="checkbox"/> 12 <input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

**A. DIRECT SUPPLY, INC. PARTNERS PAC (DSI PARTNERS PAC)**

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

Mailing Address 7301 WEST CHAMPIONS WAY

City MILWAUKEE	State WI	Zip Code 53223-1211
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00409516

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		20		2023

**Transaction ID : SA.60837.9.8010**

Amount of Each Receipt this Period  
5000.00

Memo Item

TRANSFER

TRANSFER FROM TEAM MARSHAL II

**B.**

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

Mailing Address

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

**C.**

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

Mailing Address

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

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	22930.48



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MARSHALL, ROGER, , DR.,**

Mailing Address 4501 QUAIL CREEK DRIVE

City  
GREAT BEND

State  
KS

Zip Code  
67530

Purpose of Disbursement  
REIMBURSEMENT FOR EXPENSES (SEE BELOW)

Candidate Name  
MARSHALL, ROGER, , DR.,

Office Sought:  House  
 Senate  
 President

State: KS District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	2	3

FEC Identification Number

**C** S0KS00315  
**Transaction ID : SB21B.I2054I**

Amount of Each Disbursement this Period

3031.60

Memo Item

Full Name (Last, First, Middle Initial)

**B. RESTAURANT ASSOCIATES AT US SENATE**

Mailing Address US SENATE

City  
WASHINGTON

State  
DC

Zip Code  
20510

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	2	3

FEC Identification Number

**C**  
**Transaction ID : SB21B.I2164I**

Amount of Each Disbursement this Period

2948.80

Memo Item

Full Name (Last, First, Middle Initial)

**C. RESTAURANT ASSOCIATES AT US SENATE**

Mailing Address US SENATE

City  
WASHINGTON

State  
DC

Zip Code  
20510

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	2	3

FEC Identification Number

**C**  
**Transaction ID : SB21B.I2164I**

Amount of Each Disbursement this Period

82.80

Memo Item

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

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

3031.60

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ROBERTSON, BRENT, , ,**

Mailing Address 314 INDEPENDENCE AVE SE  
LOWER SUITE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
STRATEGIC CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB21B.I2041**

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. ROBERTSON, BRENT, , ,**

Mailing Address 314 INDEPENDENCE AVE SE  
LOWER SUITE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
STRATEGIC CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB21B.I2041**

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. ROBERTSON, BRENT, , ,**

Mailing Address 314 INDEPENDENCE AVE SE  
LOWER SUITE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
STRATEGIC CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB21B.I2041**

Amount of Each Disbursement this Period

3000.00

Memo Item

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

9000.00

**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)

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

Full Name (Last, First, Middle Initial)

**A. ROBERTSON, BRENT, , ,**

Mailing Address 314 INDEPENDENCE AVE SE  
LOWER SUITE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
STRATEGIC CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2023			

FEC Identification Number

**C**

**Transaction ID : SB21B.I2053I**

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. ROBERTSON, BRENT, , ,**

Mailing Address 314 INDEPENDENCE AVE SE  
LOWER SUITE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
REIMBURSEMENT (SEE BELOW)

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
11			15			2023			

FEC Identification Number

**C**

**Transaction ID : SB21B.I2055I**

Amount of Each Disbursement this Period

1679.10

Memo Item

Full Name (Last, First, Middle Initial)

**C. MARRIOTT**

Mailing Address 10400 FERNWOOD ROAD

City  
BETHESDA

State  
MD

Zip Code  
20817

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
11			13			2023			

FEC Identification Number

**C**

**Transaction ID : SB21B.I2164**

Amount of Each Disbursement this Period

577.14

Memo Item

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

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

4679.10

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST**

Mailing Address 2702 LOVE FIELD DR.

City  
DALLAS

State  
TX

Zip Code  
75235

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2164

Amount of Each Disbursement this Period

[REDACTED] 443.98

Memo Item

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST**

Mailing Address 2702 LOVE FIELD DR.

City  
DALLAS

State  
TX

Zip Code  
75235

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I21644

Amount of Each Disbursement this Period

[REDACTED] 657.98

Memo Item

Full Name (Last, First, Middle Initial)

**C. ROBERTSON, BRENT, , ,**

Mailing Address 314 INDEPENDENCE AVE SE  
LOWER SUITE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
STRATEGIC CONSULTING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2156

Amount of Each Disbursement this Period

[REDACTED] 3000.00

Memo Item

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

[REDACTED] 3000.00

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

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ROBERTSON, BRENT, , ,**

Mailing Address 314 INDEPENDENCE AVE SE  
LOWER SUITE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
STRATEGIC 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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			27			2023			

FEC Identification Number

**C** [Redacted]

**Transaction ID : SB21B.I2160!**

Amount of Each Disbursement this Period

[Redacted] 3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address 200 VESSEY ST

City  
NEW YORK

State  
NY

Zip Code  
10285

Purpose of Disbursement  
CC PAYMENT (SEE BELOW)

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			22			2023			

FEC Identification Number

**C** [Redacted]

**Transaction ID : SB21B.I2036!**

Amount of Each Disbursement this Period

[Redacted] 7355.32

Memo Item

Full Name (Last, First, Middle Initial)

**C. 715 RESTAURANT**

Mailing Address 715 MASSACHUSETTS STREET

City  
LAWRENCE

State  
KS

Zip Code  
66044

Purpose of Disbursement  
FOOD/BEVERAGE

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			02			2023			

FEC Identification Number

**C** [Redacted]

**Transaction ID : SB21B.I2037**

Amount of Each Disbursement this Period

[Redacted] 350.00

Memo Item

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

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

[Redacted] 10355.32

[Redacted]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ALLEGRO RESTAURANT**

Mailing Address 3131 LAS VEGAS BOULEVARD SOUTH

City  
LAS VEGAS

State  
NV

Zip Code  
89109

Purpose of Disbursement

FOOD/BEVERAGE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2036!

Amount of Each Disbursement this Period

[REDACTED]	502.00
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address 200 VESSEY ST

City  
NEW YORK

State  
NY

Zip Code  
10285

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2037!

Amount of Each Disbursement this Period

[REDACTED]	31.02
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address 200 VESSEY ST

City  
NEW YORK

State  
NY

Zip Code  
10285

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2038

Amount of Each Disbursement this Period

[REDACTED]	39.00
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Memo Item

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

[REDACTED]	0.00
------------	------

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

[REDACTED]	
------------	--

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address 200 VESSEY ST

City  
NEW YORK

State  
NY

Zip Code  
10285

Purpose of Disbursement

BANK FEE

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2038'

Amount of Each Disbursement this Period

[REDACTED]	13.85
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITAL GRILLE**

Mailing Address 601 PENNSYLVANIA AVE NW

City  
WASHINGTON

State  
DC

Zip Code  
20004

Purpose of Disbursement

FOOD/BEVERAGE

Candidate Name

Office Sought:

<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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2037z

Amount of Each Disbursement this Period

[REDACTED]	1494.05
------------	---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITAL GRILLE**

Mailing Address 601 PENNSYLVANIA AVE NW

City  
WASHINGTON

State  
DC

Zip Code  
20004

Purpose of Disbursement

FOOD/BEVERAGE

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2040

Amount of Each Disbursement this Period

[REDACTED]	768.15
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Memo Item

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

[REDACTED]	0.00
------------	------

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

[REDACTED]	
------------	--

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DIALPAD MEETINGS**

Mailing Address 3001 BISHOP DRIVE  
SUITE 400A

City  
SAN RAMON

State  
CA

Zip Code  
94583

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	2	3

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I2036f**

Amount of Each Disbursement this Period

2	1	.	2	0
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. DIALPAD MEETINGS**

Mailing Address 3001 BISHOP DRIVE  
SUITE 400A

City  
SAN RAMON

State  
CA

Zip Code  
94583

Purpose of Disbursement

MESSAGE PHONE CALLS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	2	3

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I2037f**

Amount of Each Disbursement this Period

2	1	.	2	0
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. DICK'S SPORTING GOODS**

Mailing Address 345 COURT ST

City  
CORAOPOLIS

State  
PA

Zip Code  
15108

Purpose of Disbursement

OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I2040**

Amount of Each Disbursement this Period

6	3	5	.	9	9
---	---	---	---	---	---

Memo Item

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

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

0	.	0	0
---	---	---	---

0	.	0	0
---	---	---	---



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. HAMILTON'S BAR AND GRILL**

Mailing Address 233 2ND STREET NORTHWEST

City  
WASHINGTON

State  
DC

Zip Code  
20001

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2036I

Amount of Each Disbursement this Period

[REDACTED] 740.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. HANDY MAILING SERVICE**

Mailing Address 3839 WEST DORA STREET

City  
WICHITA

State  
KS

Zip Code  
67213

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2036I

Amount of Each Disbursement this Period

[REDACTED] 525.14

Memo Item

Full Name (Last, First, Middle Initial)

**C. HAWK N' DOVE**

Mailing Address 329 PENNSYLVANIA AVE SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2037I

Amount of Each Disbursement this Period

[REDACTED] 1696.45

Memo Item

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

[REDACTED] 0.00

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

[REDACTED]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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

Form A: STUBHUB, INC. Includes fields for Full Name, Mailing Address (199 FREMONT ST FL 4), City (SAN FRANCISCO), State (CA), Zip Code (94105), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement (06/28/2023), FEC Identification Number, Transaction ID (SB21B.I2040), Amount (208.75), and Memo Item checkbox.

Form B: AMERICAN EXPRESS Includes fields for Full Name, Mailing Address (200 VESSEY ST), City (NEW YORK), State (NY), Zip Code (10285), Purpose of Disbursement (CC PAYMENT), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (07/03/2023), FEC Identification Number, Transaction ID (SB21B.I20382), Amount (11226.48), and Memo Item checkbox.

Form C: AMERICAN EXPRESS Includes fields for Full Name, Mailing Address (200 VESSEY ST), City (NEW YORK), State (NY), Zip Code (10285), Purpose of Disbursement (BANK FEE), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (05/19/2023), FEC Identification Number, Transaction ID (SB21B.I2039), Amount (295.00), and Memo Item checkbox.

SUBTOTAL of Disbursements This Page (optional) 11226.48
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)

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

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address 200 VESSEY ST

City  
NEW YORK

State  
NY

Zip Code  
10285

Purpose of Disbursement

BANK FEE

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2039

Amount of Each Disbursement this Period

[REDACTED] 50.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address 200 VESSEY ST

City  
NEW YORK

State  
NY

Zip Code  
10285

Purpose of Disbursement

BANK FEE

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2040

Amount of Each Disbursement this Period

[REDACTED] 39.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address 200 VESSEY ST

City  
NEW YORK

State  
NY

Zip Code  
10285

Purpose of Disbursement

BANK FEE

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2040

Amount of Each Disbursement this Period

[REDACTED] 32.23

Memo Item

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

[REDACTED] 0.00

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. AMTRAK**

Mailing Address 10 G ST., NE  
STE. 3W-300

City WASHINGTON

State DC

Zip Code 20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I2039'**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. DIALPAD MEETINGS**

Mailing Address 3001 BISHOP DRIVE  
SUITE 400A

City SAN RAMON

State CA

Zip Code 94583

Purpose of Disbursement  
PHONE SVC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I2038'**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. DIALPAD MEETINGS**

Mailing Address 3001 BISHOP DRIVE  
SUITE 400A

City SAN RAMON

State CA

Zip Code 94583

Purpose of Disbursement  
PHONE SVC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I2039'**  
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)

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

Full Name (Last, First, Middle Initial)

**A. DIALPAD MEETINGS**

Mailing Address 3001 BISHOP DRIVE  
SUITE 400A

City SAN RAMON State CA Zip Code 94583

Purpose of Disbursement  
PHONE SVC

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2023

FEC Identification Number

C  
Transaction ID : SB21B.I2040  
Amount of Each Disbursement this Period  
21.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. EXECUTIVE JET MANAGEMENT**

Mailing Address 4556 AIRPORT ROAD

City CINCINNATI State OH Zip Code 45226

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 25 / 2023

FEC Identification Number

C  
Transaction ID : SB21B.I2039E  
Amount of Each Disbursement this Period  
3854.35

Memo Item

Full Name (Last, First, Middle Initial)

**C. LA PECORA BIANCA**

Mailing Address 20 WEST 40TH STREET

City NEW YORK State NY Zip Code 10018

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2023

FEC Identification Number

C  
Transaction ID : SB21B.I2039  
Amount of Each Disbursement this Period  
220.00

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. QUALITY ITALIAN**

Mailing Address 57 WEST 57TH STREET

City  
NEW YORK

State  
NY

Zip Code  
10019

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	2	3

FEC Identification Number

C [Redacted]

**Transaction ID : SB21B.I2039!**

Amount of Each Disbursement this Period

[Redacted] 357.45

Memo Item

Full Name (Last, First, Middle Initial)

**B. RITZ-CARLTON AMELIA ISLAND**

Mailing Address 4750 AMELIA ISLAND PARKWAY

City  
FERNANDINA BEACH

State  
FL

Zip Code  
32034

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	2	3

FEC Identification Number

C [Redacted]

**Transaction ID : SB21B.I2038!**

Amount of Each Disbursement this Period

[Redacted] 2969.32

Memo Item

Full Name (Last, First, Middle Initial)

**C. RITZ-CARLTON AMELIA ISLAND**

Mailing Address 4750 AMELIA ISLAND PARKWAY

City  
FERNANDINA BEACH

State  
FL

Zip Code  
32034

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	2	3

FEC Identification Number

C [Redacted]

**Transaction ID : SB21B.I2038**

Amount of Each Disbursement this Period

[Redacted] 449.85

Memo Item

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

[Redacted] 0.00

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

[Redacted]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SCHNEIDER'S LIQUOR**

Mailing Address 300 MASSACHUSETTS AVE., NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
FOOD/BEVERAGE

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	01	/	2023

FEC Identification Number

C

Transaction ID : SB21B.I20384

Amount of Each Disbursement this Period

760.61

Memo Item

Full Name (Last, First, Middle Initial)

**B. SCHNEIDER'S LIQUOR**

Mailing Address 300 MASSACHUSETTS AVE., NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
FOOD/BEVERAGE

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	01	/	2023

FEC Identification Number

C

Transaction ID : SB21B.I20385

Amount of Each Disbursement this Period

194.03

Memo Item

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST**

Mailing Address 2702 LOVE FIELD DR.

City  
DALLAS

State  
TX

Zip Code  
75235

Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	02	/	2023

FEC Identification Number

C

Transaction ID : SB21B.I2038

Amount of Each Disbursement this Period

860.96

Memo Item

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

0.00

**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)

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

Full Name (Last, First, Middle Initial)

**A. VINYL STEAKHOUSE**

Mailing Address 35 W 19TH ST

City  
NEW YORK

State  
NY

Zip Code  
10011

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	2	3

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I2039**

Amount of Each Disbursement this Period

[REDACTED] 479.98

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address 200 VESSEY ST

City  
NEW YORK

State  
NY

Zip Code  
10285

Purpose of Disbursement  
CC PAYMENT (SEE BELOW)

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	2	3

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I20512**

Amount of Each Disbursement this Period

[REDACTED] 3439.27

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMAZON.COM**

Mailing Address 1200 12TH AVE S  
STE 1200

City  
SEATTLE

State  
WA

Zip Code  
98144

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	2	3

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I2163**

Amount of Each Disbursement this Period

[REDACTED] 284.82

Memo Item

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

[REDACTED] 3439.27

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

[REDACTED]



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address 200 VESSEY ST

City  
NEW YORK

State  
NY

Zip Code  
10285

Purpose of Disbursement

BANK 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  
09 / 19 / 2023

FEC Identification Number

C

Transaction ID : SB21B.I2163

Amount of Each Disbursement this Period

1.46

Memo Item

Full Name (Last, First, Middle Initial)

**B. CELLAR.COM**

Mailing Address 300 MASSACHUSETTS AVENUE NORTHEAST

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement

FOOD AND BEVERAGE

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2023

FEC Identification Number

C

Transaction ID : SB21B.I2162

Amount of Each Disbursement this Period

569.95

Memo Item

Full Name (Last, First, Middle Initial)

**C. DIALPAD MEETINGS**

Mailing Address 3001 BISHOP DRIVE  
SUITE 400A

City  
SAN RAMON

State  
CA

Zip Code  
94583

Purpose of Disbursement

PHONE SERVICE

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  
09 / 16 / 2023

FEC Identification Number

C

Transaction ID : SB21B.I2163

Amount of Each Disbursement this Period

21.20

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. HEREFORD HOUSE**

Mailing Address 8661 N. STODDARD AVE.

City  
KANSAS CITY

State  
MO

Zip Code  
64153

Purpose of Disbursement  
FOOD AND BEVERAGE

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2162!

Amount of Each Disbursement this Period

[REDACTED] 999.44

Memo Item

Full Name (Last, First, Middle Initial)

**B. POWERPLAY ENTERTAINMENT CENTER**

Mailing Address 13110 W 62ND TERRACE

City  
SHAWNEE

State  
KS

Zip Code  
66216

Purpose of Disbursement  
EVENT EXPENSE

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2162!

Amount of Each Disbursement this Period

[REDACTED] 1400.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address 200 VESSEY ST

City  
NEW YORK

State  
NY

Zip Code  
10285

Purpose of Disbursement  
CC PAYMENT (SEE BELOW)

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2054

Amount of Each Disbursement this Period

[REDACTED] 727.06

Memo Item

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

[REDACTED] 727.06

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

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. AMAZON.COM**

Mailing Address 1200 12TH AVE S  
STE 1200

City  
SEATTLE

State  
WA

Zip Code  
98144

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2023			

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I2163!**

Amount of Each Disbursement this Period

[REDACTED] 63.58

Memo Item

Full Name (Last, First, Middle Initial)

**B. DIALPAD MEETINGS**

Mailing Address 3001 BISHOP DRIVE  
SUITE 400A

City  
SAN RAMON

State  
CA

Zip Code  
94583

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2023			

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I2163!**

Amount of Each Disbursement this Period

[REDACTED] 21.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. DOORDASH**

Mailing Address 303 2ND STREET

City  
SAN FRANCISCO

State  
CA

Zip Code  
94107

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2023			

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I2163!**

Amount of Each Disbursement this Period

[REDACTED] 305.80

Memo Item

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

[REDACTED] 0.00

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. HAND CUT NASHVILLE**

Mailing Address 135 7TH AVENUE SOUTH

City  
NASHVILLE

State  
TN

Zip Code  
37203

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2163  
Amount of Each Disbursement this Period

[REDACTED] 301.95

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address 200 VESSEY ST

City  
NEW YORK

State  
NY

Zip Code  
10285

Purpose of Disbursement  
CC PAYMENT (SEE BELOW)

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	5		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I21583  
Amount of Each Disbursement this Period

[REDACTED] 1940.71

Memo Item

Full Name (Last, First, Middle Initial)

**C. DIALPAD MEETINGS**

Mailing Address 3001 BISHOP DRIVE  
SUITE 400A

City  
SAN RAMON

State  
CA

Zip Code  
94583

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2164  
Amount of Each Disbursement this Period

[REDACTED] 21.20

Memo Item

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

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

[REDACTED] 1940.71

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. HANDY MAILING SERVICE**

Full Name (Last, First, Middle Initial)

Mailing Address 3839 WEST DORA STREET

City WICHITA State KS Zip Code 67213

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 14 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2164'

Amount of Each Disbursement this Period: 1398.91

Memo Item

**B. KATY TRAIL ICE HOUSE**

Full Name (Last, First, Middle Initial)

Mailing Address 3127 ROUTH STREET

City DALLAS State TX Zip Code 75201

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 11 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2164c

Amount of Each Disbursement this Period: 235.00

Memo Item

**C. US SENATE GIFT SHOP**

Full Name (Last, First, Middle Initial)

Mailing Address FIRST STREET SOUTHEAST

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
CONSTITUENT GIFTS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 23 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2163

Amount of Each Disbursement this Period: 165.60

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)

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

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1920 MCKINNEY AVENUE

City  
DALLAS

State  
TX

Zip Code  
75201

Purpose of Disbursement  
CC PROCESSING

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				3	1				2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB21B.I2043I**

Amount of Each Disbursement this Period

100.90

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1920 MCKINNEY AVENUE

City  
DALLAS

State  
TX

Zip Code  
75201

Purpose of Disbursement  
CC PROCESSING

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0				2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB21B.I2043I**

Amount of Each Disbursement this Period

60.60

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1920 MCKINNEY AVENUE

City  
DALLAS

State  
TX

Zip Code  
75201

Purpose of Disbursement  
CC PROCESSING

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:

Date of Disbursement

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

FEC Identification Number

**C**

**Transaction ID : SB21B.I2054I**

Amount of Each Disbursement this Period

40.30

Memo Item

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

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

201.80

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1920 MCKINNEY AVENUE

City  
DALLAS

State  
TX

Zip Code  
75201

Purpose of Disbursement  
CC PROCESSING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2161  
Amount of Each Disbursement this Period

[REDACTED] 60.30

Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL RD

City  
VIENNA

State  
VA

Zip Code  
22182

Purpose of Disbursement  
DATABASE SERVICES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			17			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2035  
Amount of Each Disbursement this Period

[REDACTED] 250.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL RD

City  
VIENNA

State  
VA

Zip Code  
22182

Purpose of Disbursement  
DATABASE SERVICES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			18			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2042  
Amount of Each Disbursement this Period

[REDACTED] 250.00

Memo Item

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

[REDACTED] 560.30

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD

City  
VIENNA

State  
VA

Zip Code  
22182

Purpose of Disbursement  
DATABASE SERVICES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2042'

Amount of Each Disbursement this Period

[REDACTED] 250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL RD

City  
VIENNA

State  
VA

Zip Code  
22182

Purpose of Disbursement  
DATABASE SERVICES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I20513

Amount of Each Disbursement this Period

[REDACTED] 250.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL RD

City  
VIENNA

State  
VA

Zip Code  
22182

Purpose of Disbursement  
DATABASE SERVICES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2155

Amount of Each Disbursement this Period

[REDACTED] 250.00

Memo Item

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

[REDACTED] 750.00

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

[REDACTED]



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD

City  
VIENNA

State  
VA

Zip Code  
22182

Purpose of Disbursement  
DATABASE SERVICES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2159

Amount of Each Disbursement this Period

[REDACTED] 250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. ELECTION CFO**

Mailing Address P.O. BOX 26141

City  
ALEXANDRIA

State  
VA

Zip Code  
22313

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			03			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I20265

Amount of Each Disbursement this Period

[REDACTED] 299.26

Memo Item

Full Name (Last, First, Middle Initial)

**C. ELECTION CFO**

Mailing Address P.O. BOX 26141

City  
ALEXANDRIA

State  
VA

Zip Code  
22313

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			03			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2036

Amount of Each Disbursement this Period

[REDACTED] 268.00

Memo Item

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

[REDACTED] 817.26

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ELECTION CFO**

Mailing Address P.O. BOX 26141

City  
ALEXANDRIA

State  
VA

Zip Code  
22313

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I2041**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. ELECTION CFO**

Mailing Address P.O. BOX 26141

City  
ALEXANDRIA

State  
VA

Zip Code  
22313

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I20511**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. ELECTION CFO**

Mailing Address P.O. BOX 26141

City  
ALEXANDRIA

State  
VA

Zip Code  
22313

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I2054**  
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)

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

Full Name (Last, First, Middle Initial)

**A. ELECTION CFO**

Mailing Address P.O. BOX 26141

City  
ALEXANDRIA

State  
VA

Zip Code  
22313

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2023			

FEC Identification Number

**C**

**Transaction ID : SB21B.I2156!**

Amount of Each Disbursement this Period

262.52

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE ELEVATED GROUP LLC**

Mailing Address PO BOX 4333

City  
CARTERSVILLE

State  
GA

Zip Code  
30120

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			30			2023			

FEC Identification Number

**C**

**Transaction ID : SB21B.I2040!**

Amount of Each Disbursement this Period

12815.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

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

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

13077.52

63583.83

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)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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NAME OF COMMITTEE (In Full)

Defend Our Conservative Senate PAC (DOC'S PAC)

Full Name (Last, First, Middle Initial)

A. BERGMANFORCONGRESS

Mailing Address N3465 SYLVAN ISLE DRIVE

City WATERSMEET

State MI

Zip Code 49969

Purpose of Disbursement CONTRIBUTION

Candidate Name

BERGMAN, JOHN, , ,

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

State: MI District: 01

Date of Disbursement

Date field: MM/DD/YYYY = 09/13/2023

FEC Identification Number

C00614214

Transaction ID : SB23.I20415

Amount of Each Disbursement this Period

Amount field: 5000.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

B. CLAUDIA TENNEY FOR CONGRESS

Mailing Address PO BOX 244

City CLINTON

State NY

Zip Code 13323

Purpose of Disbursement CONTRIBUTION

Candidate Name

TENNEY, CLAUDIA, , ,

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

State: NY District: 22

Date of Disbursement

Date field: MM/DD/YYYY = 12/29/2023

FEC Identification Number

C00632828

Transaction ID : SB23.I21602

Amount of Each Disbursement this Period

Amount field: 5000.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. KARI LAKE FOR SENATE

Mailing Address PO BOX 34341

City PHOENIX

State AZ

Zip Code 85067

Purpose of Disbursement CONTRIBUTION

Candidate Name

LAKE, KARI, , ,

Office Sought: [ ] House [X] Senate [ ] President

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

State: AZ District:

Date of Disbursement

Date field: MM/DD/YYYY = 11/28/2023

FEC Identification Number

C00852343

Transaction ID : SB23.I21563

Amount of Each Disbursement this Period

Amount field: 5000.00

[ ] Memo Item

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

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

Subtotal field: 15000.00

Total field: (empty)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. REDDY FOR KANSAS**

Mailing Address PO BOX 15804

City  
LENEXA

State  
KS

Zip Code  
66285

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

REDDY, PRASANTH, , DR.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: KS District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	3

FEC Identification Number

**C** C00845347  
**Transaction ID : SB23.I20416**

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. RICK SCOTT FOR FLORIDA**

Mailing Address PO BOX 130708

City  
TAMPA

State  
FL

Zip Code  
33681

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

SCOTT, RICK, SEN, ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: FL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	8		2	0	2	3

FEC Identification Number

**C** C00676965  
**Transaction ID : SB23.I21561**

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. RICK SCOTT FOR FLORIDA**

Mailing Address PO BOX 130708

City  
TAMPA

State  
FL

Zip Code  
33681

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

SCOTT, RICK, SEN, ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: FL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	8		2	0	2	3

FEC Identification Number

**C** C00676965  
**Transaction ID : SB23.I21562**

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Memo Item

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

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

1	2	5	0	0	0
---	---	---	---	---	---

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

### A. SAM BROWN FOR NEVADA

Mailing Address PO BOX 750844

City  
LAS VEGAS

State  
NV

Zip Code  
89136

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
BROWN, SAM, , ,

Office Sought:  House  
 Senate  
 President

State: NV District:

Disbursement For: 2023  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	2	3

FEC Identification Number

C00845032

Transaction ID : SB23.I20410

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. SCHMITT FOR SENATE

Mailing Address 101 W ARGONNE DR, #24

City  
SAINT LOUIS

State  
MO

Zip Code  
63122

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
SCHMITT, ERIC, , ,

Office Sought:  House  
 Senate  
 President

State: MO District:

Disbursement For: 2024  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	3

FEC Identification Number

C00775015

Transaction ID : SB23.I20561

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. TIM SHEEHY FOR MONTANA

Mailing Address PO BOX 6456

City  
HELENA

State  
MT

Zip Code  
59604

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
SHEEHY, TIM, , ,

Office Sought:  House  
 Senate  
 President

State: MT District:

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	2	3

FEC Identification Number

C00844159

Transaction ID : SB23.I20411

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

12500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. WICKER FOR SENATE**

Mailing Address PO BOX 64

City  
JACKSON

State  
MS

Zip Code  
39205-0064

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
WICKER, ROGER, SEN., ,

Office Sought:  House  
 Senate  
 President

State: MS District:

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2023			

FEC Identification Number

**C** C00443218  
**Transaction ID : SB23.I21603**

Amount of Each Disbursement this Period

5000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. NRSC**

Mailing Address 425 2ND STREET NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2024  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2023			

FEC Identification Number

**C** C00027466  
**Transaction ID : SB23.I20562**

Amount of Each Disbursement this Period

15000.00
----------

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

--

Memo Item

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

20000.00
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**TOTAL** This Period (last page this line number only)..... ▶

60000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DANIEL CAMERON FOR GOVERNOR**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2023

Mailing Address 838 EAST HIGH STREET  
#278

City LEXINGTON State KY Zip Code 40502

Purpose of Disbursement  
NON-FEDERAL CONTRIBUTION

Candidate Name

FEC Identification Number

C

Transaction ID : SB29.I20364

Amount of Each Disbursement this Period

2100.00

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

FEC Identification Number

C

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

FEC Identification Number

C

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Memo Item

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

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

2100.00

2100.00