

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

NC RED

ADDRESS (number and street) PO BOX 97275

Check if different than previously reported. (ACC) RALEIGH NC 27624

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

C C00768085

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

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

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

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

5. Covering Period M M / D D / Y Y Y Y Y Y 07 / 01 / 2021 through M M / D D / Y Y Y Y Y Y 12 / 31 / 2021

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

McMichael, Collin, , ,

Type or Print Name of Treasurer _____

Signature of Treasurer McMichael, Collin, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 01 / 13 / 2022

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

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

NC RED

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---------------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2021"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="34730.90"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="61000.00"/> | <input type="text" value="96600.00"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="95730.90"/> | <input type="text" value="96600.00"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="2253.35"/> | <input type="text" value="3122.45"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="93477.55"/> | <input type="text" value="93477.55"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

NC RED

Report Covering the Period: From: 07 / 01 / 2021 To: 12 / 31 / 2021

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 24500.00 | 46100.00 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 24500.00 | 46100.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 36500.00 | 50500.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 61000.00 | 96600.00 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 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)).....▶ | 61000.00 | 96600.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 61000.00 | 96600.00 |

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 | 2253.35 | 3122.45 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 2253.35 | 3122.45 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 0.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 2253.35 | 3122.45 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 2253.35 | 3122.45 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 61000.00 | 96600.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 61000.00 | 96600.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 2253.35 | 3122.45 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 2253.35 | 3122.45 |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 6 OF 23 |
| <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)
NC RED

A. Dendy, H, Benson, , III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1142 West Ave

| | | |
|------------------|-------------|-------------------|
| City Richmond | State VA | Zip Code 23220 |
|------------------|-------------|-------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) The Vectre Corporation | Occupation (for Individual) President |
|---|--|

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 | | 16 | | 2021 |

Transaction ID : SA11AI.4154

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 822 Coachway

| | | |
|-------------------|-------------|-------------------|
| City Annapolis | State MD | Zip Code 21401 |
|-------------------|-------------|-------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Atlantic Strategies Group | 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 |
| 07 | | 19 | | 2021 |

Transaction ID : SA11AI.4152

Amount of Each Receipt this Period
1500.00

Memo Item

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

Mailing Address 1445 Church Street NW
Apt 32

| | | |
|--------------------|-------------|-------------------|
| City Washington | State DC | Zip Code 20005 |
|--------------------|-------------|-------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Goldstein Policy Solutions | Occupation (for Individual) Government Relations |
|---|---|

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 | | 23 | | 2021 |

Transaction ID : SA11AI.4235

Amount of Each Receipt this Period
1500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 4000.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 23 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
NC RED

A. Imperatore, Brant, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6144 Tompkins Dr
 City McLean State VA Zip Code 22101
 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 ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2021
Transaction ID : SA11AI.4233
 Amount of Each Receipt this Period
 1500.00
 Memo Item

B. Laster, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5417 Brushy Meadows Dr
 City Fuquay-Varina State NC Zip Code 27526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kairos Government Affairs Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2021
Transaction ID : SA11AI.4241
 Amount of Each Receipt this Period
 2000.00
 Memo Item

C. McCorkle, Elizabeth, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 Briarfield Dr
 City Apex State NC Zip Code 27502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kairos Government Affairs 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
 11 / 12 / 2021
Transaction ID : SA11AI.4196
 Amount of Each Receipt this Period
 1500.00
 Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 23 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
NC RED

A. Mitchell, WG, Champion, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3009 River Lane
 City New Bern State NC Zip Code 28562
 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 12 / 24 / 2021
Transaction ID : SA11AI.4225
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Morris, Kristen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 704 Amalfi Drive
 City Davidson State NC Zip Code 28036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Sr Vice President Government Relator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2021
Transaction ID : SA11AI.4180
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Murphy, Richard, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6041 Woodmont Rd
 City Alexandria State VA Zip Code 22307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Forbes Tate Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 05 / 2021
Transaction ID : SA11AI.4178
 Amount of Each Receipt this Period 1500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 7000.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 9 OF 23 |
| <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)
NC RED

A. Porter, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 726 Franklin Street
 City Alexandria State VA Zip Code 22314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Traverse Therapeutics Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 08 / 2021
Transaction ID : SA11AI.4218
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Porterfield, Lendell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1311 Dasher Lane
 City Reston State VA Zip Code 20190
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Porterfield, Fettig & Sears, L Occupation (for Individual) Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 22 / 2021
Transaction ID : SA11AI.4237
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Remington, Kristi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3313 N Kensington St
 City Arlington State VA Zip Code 22207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Front Strategies LLC Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 05 / 2021
Transaction ID : SA11AI.4192
 Amount of Each Receipt this Period 1500.00
 Memo Item

| | |
|---|---------|
| 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: (check only one) | PAGE 10 OF 23 |
| <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)
NC RED

A. Rhee, Helen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5213 Carlton Street

| | | |
|------------------|-------------|-------------------|
| City Bethesda | State MD | Zip Code 20816 |
|------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Amgen | Occupation (for Individual) Lobbyist |
|--|---|

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 | / | 29 | / | 2021 |

Transaction ID : SA11AI.4182

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 607 14th Street NW

| | | |
|--------------------|-------------|-------------------|
| City Washington | State DC | Zip Code 20005 |
|--------------------|-------------|-------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Cassidy & Associates | Occupation (for Individual) Attorney |
|---|---|

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 |
| 08 | / | 02 | / | 2021 |

Transaction ID : SA11AI.4164

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2231 48th St NW

| | | |
|--------------------|-------------|-------------------|
| City Washington | State DC | Zip Code 20007 |
|--------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) The McManus Group | Occupation (for Individual) Executive Vice President |
|--|---|

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 | / | 05 | / | 2021 |

Transaction ID : SA11AI.4194

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2500.00 |
| 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 23 |
| <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)
NC RED

| | | |
|---|-------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Vogel, Alex, , , | | Date of Receipt MM / DD / YYYY 11 / 18 / 2021 Transaction ID : SA11AI.4215 |
| Mailing Address 8551 Oak Spring Road | | Amount of Each Receipt this Period 1000.00 |
| City Upperville | State VA | Zip Code 20184 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) The Vogel Group | Occupation (for Individual) CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Walker, Todd, , , | | Date of Receipt MM / DD / YYYY 10 / 01 / 2021 Transaction ID : SA11AI.4176 |
| Mailing Address 7200 Elizabeth Drive | | Amount of Each Receipt this Period 500.00 |
| City McLean | State VA | Zip Code 22101 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Altria | Occupation (for Individual) Executive | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Walter, Jeffery, , , | | Date of Receipt MM / DD / YYYY 12 / 13 / 2021 Transaction ID : SA11AI.4223 |
| Mailing Address 1925 Summit Terrace | | Amount of Each Receipt this Period 1000.00 |
| City Alexandria | State VA | Zip Code 22307 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Capitol Counsel | Occupation (for Individual) Strategist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2500.00 |
| 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 12 OF 23 |
| <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)
NC RED

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wilhelm, Markus, , ,

Mailing Address 719 Still Meadow Lane

| | | |
|----------------------|-------------|-------------------|
| City Hillsborough | State NC | Zip Code 27278 |
|----------------------|-------------|-------------------|

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

| | |
|---|------------------------------------|
| Name of Employer (for Individual) Strata Solar | Occupation (for Individual) CEO |
|---|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | / | 29 | / | 2021 |

Transaction ID : SA11AI.4239

Amount of Each Receipt this Period
500.00

Memo Item

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

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 500.00 |
| TOTAL This Period (last page this line number only).....▶ | 24500.00 |

**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 13 OF 23 |
| <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)
NC RED

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
AMERICAN PROPERTY CASUALTY INSURANCE ASSOCIATION POLITICAL ACTION COMMITTEE (INSURING AMERICA PAC)

Mailing Address 8700 WEST BRYN MAWR
SUITE 1200S

City CHICAGO State IL Zip Code 60631

FEC ID number of contributing federal political committee. **C** C00066472

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 / 24 / 2021

Transaction ID : SA11C.4168

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Mailing Address 151 N. FRANKLIN ST
9TH FLOOR

City CHICAGO State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C** C00078287

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2021

Transaction ID : SA11C.4188

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ENCORE CAPITAL GROUP, INC. POLITICAL ACTION COMMITTEE

Mailing Address 350 CAMINO DE LA REINA
SUITE 100

City SAN DIEGO State CA Zip Code 92108

FEC ID number of contributing federal political committee. **C** C00507392

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
11 / 19 / 2021

Transaction ID : SA11C.4204

Amount of Each Receipt this Period
2500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 6000.00 |
| 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 14 OF 23 |
| <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)
NC RED

A. ENCORE CAPITAL GROUP, INC. POLITICAL ACTION COMMITTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 CAMINO DE LA REINA
 SUITE 100
 City SAN DIEGO State CA Zip Code 92108
 FEC ID number of contributing federal political committee. **C** C00507392
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **11 / 19 / 2021**
Transaction ID : SA11C.4206
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. EQUITABLE HOLDINGS, INC. POLITICAL ACTION COMMITTEE (EQUITABLE PAC)
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1290 AVENUE OF THE AMERICAS
 City NEW YORK State NY Zip Code 10104
 FEC ID number of contributing federal political committee. **C** C00161901
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **11 / 15 / 2021**
Transaction ID : SA11C.4200
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. FLAGSTAR BANK FEDERAL PAC FEC ID#C00455733
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5151 CORPORATE DR.
 E-183-3
 City TROY State MI Zip Code 48098
 FEC ID number of contributing federal political committee. **C** C00455733
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **11 / 19 / 2021**
Transaction ID : SA11C.4207
 Amount of Each Receipt this Period 2500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 7500.00 |
| 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 15 OF 23 |
| <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)
NC RED

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LINCOLN NATIONAL CORPORATION POLITICAL ACTION COMMITTEE (AKA LINCOLN FINANCIAL GROUP POLIT

Mailing Address 1300 SOUTH CLINTON STREET

| | | |
|--------------------|-------------|-------------------|
| City FORT WAYNE | State IN | Zip Code 46802 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00110577

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

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 |
| 11 | / | 08 | / | 2021 |

Transaction ID : SA11C.4190

Amount of Each Receipt this Period
1500.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NATIONAL SHOOTING SPORTS FOUNDATION

Mailing Address 400 N. CAPITOL STREET NW
SUITE 475

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20001 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00480863

| | |
|-----------------------------------|-----------------------------|
| 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 |
| 09 | / | 27 | / | 2021 |

Transaction ID : SA11C.4170

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND

Mailing Address ONE CONSTITUTION AVE NE

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20002 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00009282

| | |
|-----------------------------------|-----------------------------|
| 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 | / | 15 | / | 2021 |

Transaction ID : SA11C.4198

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 5000.00 |
| 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 16 OF 23 |
| <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)
NC RED

A. NOVARTIS CORPORATION POLITICAL ACTION COMMITTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 PENNSYLVANIA AVE. NW SUITE 700
 City WASHINGTON State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C** C00033969
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 29 / 2021**
Transaction ID : SA11C.4213
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. NUCOR CORPORATION POLITICAL ACTION COMMITTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1915 REXFORD ROAD
 City CHARLOTTE State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C** C00379628
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **08 / 30 / 2021**
Transaction ID : SA11C.4157
 Amount of Each Receipt this Period 3000.00
 Memo Item

C. PACIFIC LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 NEWPORT CENTER DRIVE
 City NEWPORT BEACH State CA Zip Code 92660
 FEC ID number of contributing federal political committee. **C** C00068528
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **11 / 17 / 2021**
Transaction ID : SA11C.4202
 Amount of Each Receipt this Period 2500.00
 Memo Item

| | |
|--|---------|
| 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: (check only one) | PAGE 17 OF 23 |
| <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)
NC RED

A. PRIMERICA INC POLITICAL ACTION COMMITTEE (PRIMERICA PAC)
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 PRIMERICA PARKWAY
 City DULUTH State GA Zip Code 30099
 FEC ID number of contributing federal political committee. **C** C00521914
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 23 / 2021**
Transaction ID : SA11C.4211
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. SELECTIVE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 WANTAGE AVE
 City BRANCHVILLE State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C** C00550889
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 04 / 2021**
Transaction ID : SA11C.4174
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. STEPTOE AND JOHNSON LLP POLITICAL ACTION COMMITTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1330 CONNECTICUT AVENUE NW
 City WASHINGTON State DC Zip Code 20036
 FEC ID number of contributing federal political committee. **C** C00431858
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 10 / 2021**
Transaction ID : SA11C.4221
 Amount of Each Receipt this Period 1000.00
 Memo Item

| | |
|---|---------|
| 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: (check only one) | PAGE 18 OF 23 |
| <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)
NC RED

A. THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY FEDERAL PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E WISCONSIN AVE
 City MILWAUKEE State WI Zip Code 53202
 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 ▼ 1500.00

Date of Receipt **11 / 22 / 2021**
Transaction ID : SA11C.4209
 Amount of Each Receipt this Period 1500.00
 Memo Item

B. THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY FEDERAL PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E WISCONSIN AVE
 City MILWAUKEE State WI Zip Code 53202
 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 ▼ 2500.00

Date of Receipt **12 / 14 / 2021**
Transaction ID : SA11C.4220
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. VETERANS GUARDIAN VA CLAIM CONSULTING PAC (VETGUARD PAC)
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 TROTTER HILLS CIRCLE
 City PINEHURST State NC Zip Code 28374
 FEC ID number of contributing federal political committee. **C** C00771196
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **08 / 16 / 2021**
Transaction ID : SA11C.4159
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 7500.00
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 19 OF 23 |
| <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)
NC RED

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WESTFIELD FEDERAL EMPLOYEE POLITICAL ACTION COMMITTEE OF OHIO FARMERS INSURANCE COMPANY

Mailing Address ONE PARK CIRCLE
P.O. BOX 5001

| | | |
|--------------------------|-------------|-------------------|
| City WESTFIELD CENTER | State OH | Zip Code 44251 |
|--------------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00376863

| | |
|-----------------------------------|-----------------------------|
| 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 | / | D D | / | Y Y Y Y |
| 10 | | 04 | | 2021 |

Transaction ID : SA11C.4172

Amount of Each Receipt this Period
1000.00

Memo Item

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

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| TOTAL This Period (last page this line number only)..... | 36500.00 |

**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)
NC RED

Full Name (Last, First, Middle Initial)
A. Anedot Inc.

Date of Disbursement
MM / DD / YYYY
07 / 21 / 2021

Mailing Address 1340 Poydras Street
Suite 1770

City New Orleans State LA Zip Code 70112

Purpose of Disbursement
PAC Merchant Fees

Candidate Name

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

State: District:

FEC Identification Number
C
Transaction ID : **SB21B.4156**
Amount of Each Disbursement this Period
60.30

Memo Item

Full Name (Last, First, Middle Initial)
B. Anedot Inc.

Date of Disbursement
MM / DD / YYYY
08 / 04 / 2021

Mailing Address 1340 Poydras Street
Suite 1770

City New Orleans State LA Zip Code 70112

Purpose of Disbursement
PAC Merchant Fees

Candidate Name

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

State: District:

FEC Identification Number
C
Transaction ID : **SB21B.4187**
Amount of Each Disbursement this Period
20.30

Memo Item

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

Date of Disbursement
MM / DD / YYYY
10 / 01 / 2021

Mailing Address 1340 Poydras Street
Suite 1770

City New Orleans State LA Zip Code 70112

Purpose of Disbursement
PAC Merchant Fees

Candidate Name

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

State: District:

FEC Identification Number
C
Transaction ID : **SB21B.4184**
Amount of Each Disbursement this Period
40.30

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 120.90

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)
NC RED

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Anedot Inc. | | Date of Disbursement MM / DD / YYYY 10 / 05 / 2021 |
| Mailing Address 1340 Poydras Street Suite 1770 | | FEC Identification Number C [] Transaction ID : SB21B.4186 Amount of Each Disbursement this Period [] 20.30 |
| City New Orleans | State LA | Zip Code 70112 |
| Purpose of Disbursement PAC Merchant Fees | | Category/ Type [] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Anedot Inc. | | Date of Disbursement MM / DD / YYYY 11 / 06 / 2021 |
| Mailing Address 1340 Poydras Street Suite 1770 | | FEC Identification Number C [] Transaction ID : SB21B.4231 Amount of Each Disbursement this Period [] 100.60 |
| City New Orleans | State LA | Zip Code 70112 |
| Purpose of Disbursement PAC Merchant Fees | | Category/ Type [] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Anedot Inc. | | Date of Disbursement MM / DD / YYYY 11 / 22 / 2021 |
| Mailing Address 1340 Poydras Street Suite 1770 | | FEC Identification Number C [] Transaction ID : SB21B.4217 Amount of Each Disbursement this Period [] 40.30 |
| City New Orleans | State LA | Zip Code 70112 |
| Purpose of Disbursement PAC Merchant Fees | | Category/ Type [] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

| | |
|--|------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | [] 161.20 |
| 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)
NC RED

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Anedot Inc. | | Date of Disbursement MM / DD / YYYY 12 / 10 / 2021 |
| Mailing Address 1340 Poydras Street Suite 1770 | | FEC Identification Number C [] Transaction ID : SB21B.4229 |
| City New Orleans | State LA | Zip Code 70112 |
| Purpose of Disbursement PAC Merchant Fees | | Amount of Each Disbursement this Period [] 20.30 |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | <input type="checkbox"/> Memo Item |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Anedot Inc. | | Date of Disbursement MM / DD / YYYY 12 / 16 / 2021 |
| Mailing Address 1340 Poydras Street Suite 1770 | | FEC Identification Number C [] Transaction ID : SB21B.4228 |
| City New Orleans | State LA | Zip Code 70112 |
| Purpose of Disbursement PAC Merchant Fees | | Amount of Each Disbursement this Period [] 40.30 |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | <input type="checkbox"/> Memo Item |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Anedot Inc. | | Date of Disbursement MM / DD / YYYY 12 / 27 / 2021 |
| Mailing Address 1340 Poydras Street Suite 1770 | | FEC Identification Number C [] Transaction ID : SB21B.4243 |
| City New Orleans | State LA | Zip Code 70112 |
| Purpose of Disbursement PAC Merchant Fees | | Amount of Each Disbursement this Period [] 40.30 |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | <input type="checkbox"/> Memo Item |

| | |
|--|------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | [] 100.90 |
| 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)
NC RED

Full Name (Last, First, Middle Initial)
A. Anedot Inc.

Mailing Address 1340 Poydras Street
Suite 1770

City New Orleans State LA Zip Code 70112

Purpose of Disbursement PAC Merchant Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 28 / 2021

FEC Identification Number: C
Transaction ID : SB21B.4244
Amount of Each Disbursement this Period: 120.60

Memo Item

Full Name (Last, First, Middle Initial)
B. CM&Co., LLC

Mailing Address PO Box 97275

City Raleigh State NC Zip Code 27624

Purpose of Disbursement PAC Accounting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 06 / 2021

FEC Identification Number: C
Transaction ID : SB21B.4162
Amount of Each Disbursement this Period: 851.00

Memo Item

Full Name (Last, First, Middle Initial)
C. CM&Co., LLC

Mailing Address PO Box 97275

City Raleigh State NC Zip Code 27624

Purpose of Disbursement PAC Accounting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 20 / 2021

FEC Identification Number: C
Transaction ID : SB21B.4227
Amount of Each Disbursement this Period: 898.75

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1870.35

TOTAL This Period (last page this line number only)..... ▶ 2253.35