

# 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

Working Every Night and Day for You

ADDRESS (number and street) PO Box 30844

Check if different than previously reported. (ACC) Bethesda MD 20814

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

C C00835579

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

5. Covering Period M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2023 through M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2023

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

Martin, Steven, , ,

Type or Print Name of Treasurer

Signature of Treasurer *Martin, Steven, , ,* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2023

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

**Working Every Night and Day for You**

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"/>	<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="26567.51"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="17671.12"/>	<input type="text" value="44238.63"/>
(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="44238.63"/>	<input type="text" value="44238.63"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9580.00"/>	<input type="text" value="9580.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="34658.63"/>	<input type="text" value="34658.63"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="750.00"/>	

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

Working Every Night and Day for You

Report Covering the Period: From: 04 / 01 / 2023 To: 06 / 30 / 2023

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).....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	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 Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	17671.12	44238.63
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)).....▶	17671.12	44238.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	17671.12	44238.63

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2000.00	2000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2000.00	2000.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
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).....	6580.00	6580.00
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)) ..	9580.00	9580.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9580.00	9580.00

**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) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2000.00	2000.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2000.00	2000.00

**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 6 OF 13
<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

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)  
**Working Every Night and Day for You**

**A. Byers, Keith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1902 S Calhoun St  
 City Fort Wayne State IN Zip Code 46802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Automotive Color Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2023  
**Transaction ID : SA12.4153**  
 Amount of Each Receipt this Period  
 3400.00  
 Memo Item

**B. Fain, Donald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1305 Charter Ct E  
 City Jacksonville State FL Zip Code 32225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Poseidon Barge Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2023  
**Transaction ID : SA12.4151**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**C. Surack, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5809 Leesburg Road  
 City Fort Wayne State IN Zip Code 46818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sweetwater Sound Occupation (for Individual) President/CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2023  
**Transaction ID : SA12.4146**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

<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 7 OF 13
<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)  
**Working Every Night and Day for You**

**A. Surack, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5809 Leesburg Road  
 City Fort Wayne State IN Zip Code 46818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 31 / 2023**  
**Transaction ID : SA12.4149**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Wendy Davis Victory Fund**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 10717  
 City Fort Wayne State IN Zip Code 46853  
 FEC ID number of contributing federal political committee. **C** C00835652  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 44238.63

Date of Receipt **06 / 27 / 2023**  
**Transaction ID : SA12.4145**  
 Amount of Each Receipt this Period 17671.12  
 Memo Item  
 Transfer of Net Proceeds

**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) Information Requested Occupation (for Individual) Information Requested  
 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).....	17671.12
<b>TOTAL</b> This Period (last page this line number only).....	17671.12

**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)  
**Working Every Night and Day for You**

**A. CFS Compliance**

Full Name (Last, First, Middle Initial)

Mailing Address Po Box 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement Compliance Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 03 / 2023

FEC Identification Number: C

Transaction ID : SB21B.4132

Amount of Each Disbursement this Period: 750.00

Memo Item

**B. CFS Compliance**

Full Name (Last, First, Middle Initial)

Mailing Address Po Box 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement Compliance Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 03 / 2023

FEC Identification Number: C

Transaction ID : SB21B.4159

Amount of Each Disbursement this Period: 500.00

Memo Item

**C. CFS Compliance**

Full Name (Last, First, Middle Initial)

Mailing Address Po Box 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement Compliance Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 12 / 2023

FEC Identification Number: C

Transaction ID : SB21B.4135

Amount of Each Disbursement this Period: 750.00

Memo Item

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



# 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)  
**Working Every Night and Day for You**

**A. BANKS FOR SENATE**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 11431

City FORT WAYNE State IN Zip Code 46858

Purpose of Disbursement Political Contribution

Candidate Name Banks, James, , Hon.,

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

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 06 / 20 / 2023

FEC Identification Number: C00577999  
Transaction ID : SB23.4140

Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Category/Type:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Category/Type:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000.00

**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 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)

**Working Every Night and Day for You**

Full Name (Last, First, Middle Initial)

**A. Dekalb County GOP**

Mailing Address P.O Box 167

City  
Auburn

State  
IN

Zip Code  
46706

Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2023

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB29.4120**  
Amount of Each Disbursement this Period  
[REDACTED] 375.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Jay County Republican Central Committee**

Mailing Address 1873 West 500

City  
North Portland

State  
IN

Zip Code  
47371

Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2023

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB29.4122**  
Amount of Each Disbursement this Period  
[REDACTED] 260.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kosciusko County GOP**

Mailing Address P.O Box 457

City  
Warsaw

State  
IN

Zip Code  
46581

Purpose of Disbursement  
Local Political Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 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 [REDACTED]  
**Transaction ID : SB29.4126**  
Amount of Each Disbursement this Period  
[REDACTED] 1000.00

Memo Item

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

[REDACTED]	1635.00
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**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]	
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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)  
**Working Every Night and Day for You**

**A. LaGrange GOP**

Full Name (Last, First, Middle Initial)

Mailing Address 95 N 055 W

City LaGrange State IN Zip Code 46761

Purpose of Disbursement Political Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 24 / 2023

FEC Identification Number: C

Transaction ID : SB29.4163

Amount of Each Disbursement this Period: 500.00

Memo Item

**B. Steuben County Republicans**

Full Name (Last, First, Middle Initial)

Mailing Address 1341 East Maumee Street

City Angola State IN Zip Code 46703

Purpose of Disbursement Political Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 16 / 2023

FEC Identification Number: C

Transaction ID : SB29.4138

Amount of Each Disbursement this Period: 1400.00

Memo Item

**C. Steuben County Republicans**

Full Name (Last, First, Middle Initial)

Mailing Address 1341 East Maumee Street

City Angola State IN Zip Code 46703

Purpose of Disbursement Political Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 26 / 2023

FEC Identification Number: C

Transaction ID : SB29.4142

Amount of Each Disbursement this Period: 1200.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3100.00

**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 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)  
**Working Every Night and Day for You**

**A. Wells County GOP**

Full Name (Last, First, Middle Initial)

Mailing Address P.O Box 512

City Bluffton State IN Zip Code 46714

Purpose of Disbursement Local Political Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 01 / 2023

FEC Identification Number: C

Transaction ID : SB29.4128

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Whitley County Republican Party**

Full Name (Last, First, Middle Initial)

Mailing Address P.O Box 912

City Columbia City State IN Zip Code 46725

Purpose of Disbursement Political Donation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 09 / 2023

FEC Identification Number: C

Transaction ID : SB29.4133

Amount of Each Disbursement this Period: 350.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6085.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 13
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Working Every Night and Day for You**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CFS Compliance</b>			Nature of Debt (Purpose): Compliance Consulting
Mailing Address Po Box 30844			
City Bethesda	State MD	Zip Code 20824	

Outstanding Balance Beginning This Period 500.00	Transaction ID : SD10.4117	
Amount Incurred This Period 0.00	Payment This Period 500.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CFS Compliance</b>			Nature of Debt (Purpose): Compliance Consulting
Mailing Address Po Box 30844			
City Bethesda	State MD	Zip Code 20824	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4161	
Amount Incurred This Period 750.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 750.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	750.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	750.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	750.00