

# 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.

REDEMPTION PAC

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 SATTERFIELD, DAVID, , ,

Signature of Treasurer SATTERFIELD, DAVID, , ,

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**REDEMPTION 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="2024"/>	<input type="text" value="43910.60"/>	<input type="text" value="43910.60"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="43910.60"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="24000.00"/>	<input type="text" value="24000.00"/>
(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="67910.60"/>	<input type="text" value="67910.60"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="47214.41"/>	<input type="text" value="47214.41"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="20696.19"/>	<input type="text" value="20696.19"/>
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="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

REDEMPTION PAC

Report Covering the Period: From: 01 / 01 / 2024 To: 03 / 31 / 2024

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).....	2500.00	2500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2500.00	2500.00
(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) .....	2500.00	2500.00
12. Transfers From Affiliated/Other Party Committees.....	21500.00	21500.00
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)).....▶	24000.00	24000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	24000.00	24000.00

**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 .....	43914.41	43914.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	43914.41	43914.41
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).....	3300.00	3300.00
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)) ..	47214.41	47214.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47214.41	47214.41

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	2500.00	2500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2500.00	2500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	43914.41	43914.41
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	43914.41	43914.41

# 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 15  
 (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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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)  
**REDEMPTION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. MONCLA, MICHAEL, C., ,**

Mailing Address 113 LLANSFAIR DR

City LAFAYETTE	State LA	Zip Code 70503-8420
-------------------	-------------	------------------------

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

Name of Employer (for Individual) MONCLA COMPANIES	Occupation (for Individual) OWNER
---	--------------------------------------

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  
 03 / 15 / 2024

**Transaction ID : A755015CD1DC14507B1C**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
<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)  
**REDEMPTION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. HIGGINS VICTORY COMMITTEE**

Mailing Address **228 S WASHINGTON STREET  
SUITE 115**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00776708**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**21500.00**

Date of Receipt  
**03 / 29 / 2024**

**Transaction ID : AFFB69400EA4745EDB16**

Amount of Each Receipt this Period  
**21500.00**

Memo Item  
**TRANSFER OF JOINT FUNDRAISING PROCEEDS, SEE CONTRIBUTIONS BELOW**

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

Mailing Address **PO 309**

City **PATTERSON** State **LA** Zip Code **70392**

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

Name of Employer (for Individual) Occupation (for Individual)  
**AE OFFICE MACHINES PRESIDENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**03 / 20 / 2024**

**Transaction ID : A76792AEE3F514EB6BE4**

Amount of Each Receipt this Period  
**5000.00**

Memo Item  
**[HIGGINS VICTORY COMMITTEE - C00776708]**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. PRICE, TEDDY, R., ,**

Mailing Address **PO BOX 1438**

City **WINNFIELD** State **LA** Zip Code **71483-1438**

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

Name of Employer (for Individual) Occupation (for Individual)  
**CENTRAL MANAGEMENT COMPANY NURSING HOME OPERATOR**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**3300.00**

Date of Receipt  
**03 / 15 / 2024**

**Transaction ID : AE3FBD9CC06FD469481A**

Amount of Each Receipt this Period  
**3300.00**

Memo Item  
**[HIGGINS VICTORY COMMITTEE - C00776708]**

**SUBTOTAL** of Receipts This Page (optional)..... **21500.00**

**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 15
<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)  
**REDEMPTION PAC**

**A. STANT, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 377 FOREST BROOK BLVD  
 City MANDEVILLE State LA Zip Code 70448-8474  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHRIS STANT LLC Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **01 / 19 / 2024**  
**Transaction ID : A99238CE6E20647618FD**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 [HIGGINS VICTORY COMMITTEE - C00776708]

**B. DRAGNA, LEE, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 S PRESCOTT DR  
 City MORGAN CITY State LA Zip Code 70380-1248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LAD SERVICES OF LA Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 07 / 2024**  
**Transaction ID : AFF37256B031149C5937**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 [HIGGINS VICTORY COMMITTEE - C00776708]

**C. DRAGNA, CHRISTIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 S PRESCOTT DR  
 City MORGAN CITY State LA Zip Code 70380-1248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 07 / 2024**  
**Transaction ID : A9FAD061A1DA246B9A14**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 [HIGGINS VICTORY COMMITTEE - C00776708]

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	21500.00



# 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)  
**REDEMPTION PAC**

**A. AFS CONSULTING LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 4018 PINWOOD ST

City BENTON State LA Zip Code 71006-9384

Purpose of Disbursement  
FUNDRAISING CONSULTING/EXPENSES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 11 / 2024

FEC Identification Number: C

Transaction ID : B8C0EEB08A

Amount of Each Disbursement this Period: 9809.00

Memo Item

**B. AFS CONSULTING LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 4018 PINWOOD ST

City BENTON State LA Zip Code 71006-9384

Purpose of Disbursement  
FUNDRAISING CONSULTING/EXPENSES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 06 / 2024

FEC Identification Number: C

Transaction ID : B7FD8FD5F7

Amount of Each Disbursement this Period: 25664.24

Memo Item

**C. ARISTOTLE INTERNATIONAL**

Full Name (Last, First, Middle Initial)

Mailing Address 205 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003-1164

Purpose of Disbursement  
COMPLIANCE DATABASE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 03 / 2024

FEC Identification Number: C

Transaction ID : BB4300EB61

Amount of Each Disbursement this Period: 750.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 36223.24

**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)

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

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NAME OF COMMITTEE (In Full)
REDEMPTION PAC

Form A: BROUSSARD, CASEY, , , . Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (CHARITABLE DONATION), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (02/23/2024), FEC Identification Number, Transaction ID (B378277523C), and Amount of Each Disbursement (500.00).

Form B: CHAIN BRIDGE BANK CREDIT CARD. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (CREDIT CARD PAYMENT: SEE ITEMIZATION BELOW), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (01/03/2024), FEC Identification Number, Transaction ID (BE230CB510), and Amount of Each Disbursement (397.40).

Form C: DELTA. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (AIRFARE), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (01/03/2024), FEC Identification Number, Transaction ID (B596A204A3), and Amount of Each Disbursement (397.40). Memo Item is checked.

SUBTOTAL of Disbursements This Page (optional) 897.40
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)

Form for line numbers 21b through 30b with checkboxes.

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NAME OF COMMITTEE (In Full)
REDEMPTION PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK CREDIT CARD

Mailing Address PO BOX 6930

City MC LEAN State VA Zip Code 22106-6930

Purpose of Disbursement CREDIT CARD PAYMENT: SEE ITEMIZATION BELOW

Candidate Name

Office Sought: House, Senate, President; Disbursement For: Primary, General, Other (specify); State: District:

Date of Disbursement

Date of Disbursement: 02 / 15 / 2024

FEC Identification Number

FEC Identification Number: C; Transaction ID: B4A2165838I; Amount of Each Disbursement this Period: 1680.46

Memo Item

Full Name (Last, First, Middle Initial)

B. DELTA

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354-1989

Purpose of Disbursement AIRFARE

Candidate Name

Office Sought: House, Senate, President; Disbursement For: Primary, General, Other (specify); State: District:

Date of Disbursement

Date of Disbursement: 02 / 15 / 2024

FEC Identification Number

FEC Identification Number: C; Transaction ID: BE27F6FE5E; Amount of Each Disbursement this Period: 10.08

Memo Item

Full Name (Last, First, Middle Initial)

C. WASHINGTON HILTON

Mailing Address 1919 CONNECTICUT AVE NW

City WASHINGTON State DC Zip Code 20009-5701

Purpose of Disbursement EVENT CATERING

Candidate Name

Office Sought: House, Senate, President; Disbursement For: Primary, General, Other (specify); State: District:

Date of Disbursement

Date of Disbursement: 02 / 15 / 2024

FEC Identification Number

FEC Identification Number: C; Transaction ID: B4B070DD67; Amount of Each Disbursement this Period: 224.00

Memo Item

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

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

Summary boxes for subtotal (1680.46) and total.

**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)  
**REDEMPTION PAC**

**A. CAPITOL HILL HOTEL**

Full Name (Last, First, Middle Initial)

Mailing Address 200 C ST SE

City WASHINGTON State DC Zip Code 20003-1909

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 15 / 2024

FEC Identification Number: C

Transaction ID : B047B76D37I

Amount of Each Disbursement this Period: 728.18

Memo Item

**B. AMERICAN AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155-2605

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 15 / 2024

FEC Identification Number: C

Transaction ID : B298660DAEI

Amount of Each Disbursement this Period: 718.20

Memo Item

**C. CHAIN BRIDGE BANK CREDIT CARD**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 6930

City MC LEAN State VA Zip Code 22106-6930

Purpose of Disbursement  
CREDIT CARD PAYMENT: SEE ITEMIZATION BELOW

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 13 / 2024

FEC Identification Number: C

Transaction ID : B4BC6A802I

Amount of Each Disbursement this Period: 190.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 190.00

**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)  
**REDEMPTION PAC**

**A. DELTA**

Full Name (Last, First, Middle Initial)

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354-1989

Purpose of Disbursement AIRFARE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 13 / 2024

FEC Identification Number: C

Transaction ID : B8F946EAE5

Amount of Each Disbursement this Period: 190.00

Memo Item

**B. HIGGINS, CLAY, , CAPTAIN,**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 61747

City LAFAYETTE State LA Zip Code 70596-1747

Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE ITEMIZATION BELOW

Candidate Name HIGGINS, CLAY, , CAPTAIN,

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: LA District: 03

Date of Disbursement: 02 / 21 / 2024

FEC Identification Number: C H6LA03148

Transaction ID : B4D3A26478

Amount of Each Disbursement this Period: 673.31

Memo Item

**C. UBER**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 MARKET ST STE 400

City SAN FRANCISCO State CA Zip Code 94103-1355

Purpose of Disbursement TRAVEL EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 21 / 2024

FEC Identification Number: C

Transaction ID : B19542E1E6

Amount of Each Disbursement this Period: 290.31

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 673.31

**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)  
**REDEMPTION PAC**

**A. WASHINGTON HILTON**

Full Name (Last, First, Middle Initial)

Mailing Address 1919 CONNECTICUT AVE NW

City WASHINGTON State DC Zip Code 20009-5701

Purpose of Disbursement  
EVENT CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 21 / 2024

FEC Identification Number  
**C**

**Transaction ID : B083FA501A**

Amount of Each Disbursement this Period  
180.00

Memo Item

**B. VINTAGE AFFAIRS**

Full Name (Last, First, Middle Initial)

Mailing Address 29 GRANT CIR NW

City WASHINGTON State DC Zip Code 20011-4601

Purpose of Disbursement  
EVENT PRODUCTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 19 / 2024

FEC Identification Number  
**C**

**Transaction ID : B6F28CE764**

Amount of Each Disbursement this Period  
4250.00

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number  
**C**

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	43914.41

# 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)  
**REDEMPTION PAC**

Full Name (Last, First, Middle Initial)

**A. VICTORIA SPARTZ FOR CONGRESS**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	2	4

Mailing Address PO BOX 505

City NOBLESVILLE State IN Zip Code 46061-0505

FEC Identification Number

C [ ]

Transaction ID : B7077ECC6F  
Amount of Each Disbursement this Period

[ ] 3300.00

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Mailing Address

City State Zip Code

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Mailing Address

City State Zip Code

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

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

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

[ ] 3300.00

[ ] 3300.00