

# 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

Never Surrender PAC

ADDRESS (number and street) PO Box 331046

Check if different than previously reported. (ACC)

Nashville TN 37203

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

C C00687525

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

(d) 30-Day POST-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on M M M / D D D / Y Y 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 Y Y through M M M / D D D / Y Y Y Y Y Y Y Y

01 / 01 / 2023 through 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.

Hobbs, Cabell, , ,

Type or Print Name of Treasurer

Signature of Treasurer Hobbs, Cabell, , , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y Y

07 / 31 / 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.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Never Surrender PAC**

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

|  | COLUMN A<br>This Period               | COLUMN B<br>Calendar Year-to-Date     |
|--|---------------------------------------|---------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2023"/>  | <input type="text" value="9394.04"/>  | <input type="text" value="9394.04"/>  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="9394.04"/>  |                                       |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="50125.33"/> | <input type="text" value="50125.33"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="59519.37"/> | <input type="text" value="59519.37"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="38613.39"/> | <input type="text" value="38613.39"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="20905.98"/> | <input type="text" value="20905.98"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>     |                                       |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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

Never Surrender PAC

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

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 5000.00                       | 5000.00                           |
| (ii) Unitemized .....   | 0.00                          | 0.00                              |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 5000.00                       | 5000.00                           |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 5000.00                       | 5000.00                           |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 10000.00                      | 10000.00                          |
| 12. Transfers From Affiliated/Other Party Committees.....   | 39125.33                      | 39125.33                          |
| 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.....           | 1000.00                       | 1000.00                           |
| 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)).....▶                         | 50125.33                      | 50125.33                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 50125.33                      | 50125.33                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 4613.39                       | 4613.39                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 4613.39                       | 4613.39                           |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 29000.00                      | 29000.00                          |
| 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).....                                 | 5000.00                       | 5000.00                           |
| 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)) ..      | 38613.39                      | 38613.39                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 38613.39                      | 38613.39                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 10000.00                              | 10000.00                                  |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 10000.00                              | 10000.00                                  |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 4613.39                               | 4613.39                                   |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 4613.39                               | 4613.39                                   |

**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 19  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Never Surrender PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. AYERS, JIM, , ,**

Mailing Address P.O. BOX 217

City PARSONS    State TN    Zip Code 38363-0217

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 22 / 2023

**Transaction ID : SA11A.16572**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

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 / 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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 19  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Never Surrender PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. SCALISE FOR CONGRESS**

Mailing Address **PO BOX 23219**

|                            |                    |                               |
|----------------------------|--------------------|-------------------------------|
| City<br><b>NEW ORLEANS</b> | State<br><b>LA</b> | Zip Code<br><b>70183-0219</b> |
|----------------------------|--------------------|-------------------------------|

FEC ID number of contributing federal political committee. **C C00394957**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

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

Date of Receipt  
**03 / 27 / 2023**

**Transaction ID : SA11C.16099**

Amount of Each Receipt this Period  
**5000.00**

Memo Item  
**CONTRIBUTION**

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

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

Amount of Each Receipt this Period

Memo Item

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

**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 19  |
| <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)  
**Never Surrender PAC**

**A. GREEN VICTORY FUND**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 2706

|   |             |                                      |
|---|-------------|--------------------------------------|
| City<br>BRENTWOOD   | State<br>TN | Zip Code<br>37024-2706               |
| FEC ID number of contributing federal political committee.<br><b>C</b> C00687574  |             |                                      |
| Name of Employer (for Individual)   |             | Occupation (for Individual)          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>39125.33 |

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2023  
**Transaction ID : SA12.17041**

Amount of Each Receipt this Period  
17523.66

Memo Item  
TRANSFER

**B. HODGES, MICHAEL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 331513

|   |             |                                      |
|---|-------------|--------------------------------------|
| City<br>NASHVILLE   | State<br>TN | Zip Code<br>37203-7514               |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |             |                                      |
| Name of Employer (for Individual)<br>ADVANCE FINANCIAL  |             | Occupation (for Individual)<br>OWNER |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>4200.00  |

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2023  
**Transaction ID : SA.16220.3.0324**

Amount of Each Receipt this Period  
4200.00

Memo Item  
TRANSFER  
TRANSFER FROM GREEN VICTORY FUND

**C. HODGES, TINA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 331513

|   |             |                                      |
|---|-------------|--------------------------------------|
| City<br>NASHVILLE   | State<br>TN | Zip Code<br>37203-7514               |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |             |                                      |
| Name of Employer (for Individual)<br>ADVANCE FINANCIAL  |             | Occupation (for Individual)<br>OWNER |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Aggregate Year-to-Date ▼<br>4200.00  |

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2023  
**Transaction ID : SA.16221.3.0324**

Amount of Each Receipt this Period  
4200.00

Memo Item  
TRANSFER  
TRANSFER FROM GREEN VICTORY FUND

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 17523.66 |
| <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 9 OF 19  |
| <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)  
**Never Surrender PAC**

**A. JOHNSON, REBA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1301 MORAN ROAD  
 City FRANKLIN State TN Zip Code 37069-6310  
 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 / 02 / 2023**  
**Transaction ID : SA.16223.3.0324**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
**TRANSFER**  
**TRANSFER FROM GREEN VICTORY FUND**

**B. JOHNSON, WILLIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1301 MORAN ROAD  
 City FRANKLIN State TN Zip Code 37069-6310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **COPART** Occupation (for Individual) **FOUNDER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 02 / 2023**  
**Transaction ID : SA.16224.3.0324**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
**TRANSFER**  
**TRANSFER FROM GREEN VICTORY FUND**

**C. GREEN VICTORY FUND**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 2706  
 City BRENTWOOD State TN Zip Code 37024-2706  
 FEC ID number of contributing federal political committee. **C** **C00687574**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 39125.33

Date of Receipt **04 / 21 / 2023**  
**Transaction ID : SA12.16908**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
**TRANSFER**  
**DISTRIBUTION: DONORS ALREADY REPORTED**

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 300.00 |
| <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 10 OF 19   |
| <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)  
**Never Surrender PAC**

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

Mailing Address PO BOX 2706

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>BRENTWOOD | State<br>TN | Zip Code<br>37024-2706 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00687574

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
39125.33

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 31    |   | 2023        |

**Transaction ID : SA12.16708**

Amount of Each Receipt this Period  
21301.67

Memo Item  
TRANSFER

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

Mailing Address 2960 CAMINO DIABLO

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>LAFAYETTE | State<br>CA | Zip Code<br>94597-3988 |
|-------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>SELF | Occupation (for Individual)<br>REAL ESTATE |
|---|--|

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 |
| 05    |   | 10    |   | 2023        |

**Transaction ID : SA.16235.3.01**

Amount of Each Receipt this Period  
5000.00

Memo Item  
TRANSFER  
TRANSFER FROM GREEN VICTORY FUND

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

Mailing Address 580 WEST END AVENUE

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>NEW YORK | State<br>NY | Zip Code<br>10024-1723 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>COHEN KLINGENSTEIN LLC | Occupation (for Individual)<br>FINANCE |
|---|--|

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 |
| 05    |   | 02    |   | 2023        |

**Transaction ID : SA.16160.3.01**

Amount of Each Receipt this Period  
5000.00

Memo Item  
TRANSFER  
TRANSFER FROM GREEN VICTORY FUND

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 21301.67 |
| <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 11 OF 19   |
| <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)  
**Never Surrender PAC**

**A. MINSKOFF, EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1325 6TH AVENUE  
 City NEW YORK State NY Zip Code 10019-6026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EDWARD J. MINSKOFF EQUITIES, INC. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **04 / 28 / 2023**  
**Transaction ID : SA.16118.3.01**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM GREEN VICTORY FUND

**B. RAMSEY, JASON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 126 HOMESTEAD TRACE  
 City BREVARD State NC Zip Code 28712-4822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RAGNAR Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4200.00

Date of Receipt **04 / 03 / 2023**  
**Transaction ID : SA.16069.3.01**  
 Amount of Each Receipt this Period 4200.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM GREEN VICTORY FUND

**C. STEINMANN, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1185 PARK AVENUE 4H  
 City NEW YORK State NY Zip Code 10128-1308  
 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 **04 / 13 / 2023**  
**Transaction ID : SA.16104.3.01**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM GREEN VICTORY FUND

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 0.00     |
| <b>TOTAL</b> This Period (last page this line number only)..... | 39125.33 |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

|                              |                              |                              |  |
|------------------------------|------------------------------|------------------------------|--|
| FOR LINE NUMBER:             |                              | PAGE 12 OF 19                |  |
| (check only one)             |                              |                              |  |
| <input 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 checked="" type="checkbox"/> 16 |
|                              |                              |                              | <input type="checkbox"/> 17            |

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NAME OF COMMITTEE (In Full)  
**Never Surrender PAC**

**A. BOB RAVENER FOR STATE HOUSE**

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

Mailing Address 212 EAST MAIN ST

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>FRANKLIN | State<br>TN | Zip Code<br>37064 |
|------------------|-------------|-------------------|

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

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

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  | / | 28  | / | 2023    |

**Transaction ID : SA16001**

Amount of Each Receipt this Period  

|         |
|---------|
| 1000.00 |
|---------|

Memo Item  
**CONTRIBUTION REFUND**

**B.**

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period  

|  |
|--|
|  |
|--|

Memo Item

**C.**

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period  

|  |
|--|
|  |
|--|

Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 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 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)  
**Never Surrender PAC**

### A. 9SEVEN CONSULTING LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 183

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 01    |   | 09    |   | 2023      |

City  
HUDSON

State  
WI

Zip Code  
54016

FEC Identification Number

Purpose of Disbursement  
COMPLIANCE CONSULTING

|   |
|---|
| C |
|---|

Candidate Name

Transaction ID : SB.1

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

|        |
|--------|
| 850.00 |
|--------|

State: District:

Memo Item

### B. CMDI

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1593 SPRING HILL ROAD STE 400

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 01    |   | 18    |   | 2023      |

City  
TYSONS CORNER

State  
VA

Zip Code  
22182

FEC Identification Number

Purpose of Disbursement  
DATABASE SUBSCRIPTION

|   |
|---|
| C |
|---|

Candidate Name

Transaction ID : SB.6

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

|        |
|--------|
| 250.00 |
|--------|

State: District:

Memo Item

### C. CMDI

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1593 SPRING HILL ROAD STE 400

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 21    |   | 2023      |

City  
TYSONS CORNER

State  
VA

Zip Code  
22182

FEC Identification Number

Purpose of Disbursement  
DATABASE SUBSCRIPTION

|   |
|---|
| C |
|---|

Candidate Name

Transaction ID : SB.7

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

|        |
|--------|
| 250.00 |
|--------|

State: District:

Memo Item

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

|        |
|--------|
| 850.00 |
|--------|

**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)  
**Never Surrender PAC**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL ROAD STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATABASE SUBSCRIPTION

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB.8

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. AX CAPITAL LLC**

Mailing Address 800 W 47TH ST STE 200

City KANSAS CITY State MO Zip Code 64112

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB.3

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. 9SEVEN CONSULTING LLC**

Mailing Address P.O. BOX 183

City HUDSON State WI Zip Code 54016

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB.2

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Never Surrender PAC**

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

Mailing Address 1593 SPRING HILL ROAD STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE SUBSCRIPTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 18 / 2023

FEC Identification Number: C

Transaction ID : SB.9

Amount of Each Disbursement this Period: 250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. AX CAPITAL LLC**

Mailing Address 800 W 47TH ST STE 200

City KANSAS CITY State MO Zip Code 64112

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 19 / 2023

FEC Identification Number: C

Transaction ID : SB.4

Amount of Each Disbursement this Period: 200.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. RIGHTSIDE COMPLIANCE LLC**

Mailing Address PO BOX 341027

City AUSTIN State TX Zip Code 78734

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 05 / 08 / 2023

FEC Identification Number: C

Transaction ID : SB.21

Amount of Each Disbursement this Period: 257.50

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 707.50

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Never Surrender PAC**

**A. HOLLOWAY CONSULTING, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 1530 WILSON BLVD. STE 440

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement FUNDRAISING CONSULTING

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 : SB.13

Amount of Each Disbursement this Period: 500.00

Memo Item

**B. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE SUBSCRIPTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 18 / 2023

FEC Identification Number: C

Transaction ID : SB.10

Amount of Each Disbursement this Period: 250.00

Memo Item

**C. RIGHTSIDE COMPLIANCE LLC**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 341027

City AUSTIN State TX Zip Code 78734

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 06 / 2023

FEC Identification Number: C

Transaction ID : SB.22

Amount of Each Disbursement this Period: 1342.83

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2092.83

**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)  
**Never Surrender PAC**

**A. CMDI**

Full Name (Last, First, Middle Initial)  
Mailing Address 1593 SPRING HILL ROAD STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE SUBSCRIPTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement MM / DD / YYYY  
06 / 21 / 2023

FEC Identification Number C

Transaction ID : SB.11

Amount of Each Disbursement this Period 250.00

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 MM / DD / YYYY

FEC Identification Number C

Amount of Each Disbursement this Period

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

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 250.00

**TOTAL** This Period (last page this line number only)..... ▶ 4425.33

**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)  
**Never Surrender PAC**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. NRCC</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2023   |
| Mailing Address 320 FIRST STREET SE   |  | FEC Identification Number<br>C C00075820<br><b>Transaction ID : SB.16</b><br>Amount of Each Disbursement this Period<br>25000.00 |
| City<br>WASHINGTON  | State<br>DC  | Zip Code<br>20003  |
| Purpose of Disbursement<br>CONTRIBUTION   |  | Category/<br>Type  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 024<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item   |
| State: District:  |  |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. LAWLER FOR CONGRESS</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>06 / 22 / 2023  |
| Mailing Address PO BOX 87   |  | FEC Identification Number<br>C C00815415<br><b>Transaction ID : SB.15</b><br>Amount of Each Disbursement this Period<br>2000.00 |
| City<br>SOUTH SALEM   | State<br>NY  | Zip Code<br>10590   |
| Purpose of Disbursement<br>CONTRIBUTION   |  | Category/<br>Type   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item  |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. COMMITTEE TO ELECT MIKE EZELL</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>06 / 26 / 2023  |
| Mailing Address P.O. BOX 1842   |  | FEC Identification Number<br>C C00776393<br><b>Transaction ID : SB.12</b><br>Amount of Each Disbursement this Period<br>2000.00 |
| City<br>GULFPORT  | State<br>MS  | Zip Code<br>39502   |
| Purpose of Disbursement<br>CONTRIBUTION   |  | Category/<br>Type   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item  |
| State: District:  |  |   |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 29000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 29000.00 |

# 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)  
**Never Surrender PAC**

Full Name (Last, First, Middle Initial)

### A. WE THE PEOPLE ADVOCACY FUND

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 30    |   | 2023        |

Mailing Address 1209 ORANGE STREET

City WILMINGTON State DE Zip Code 19801

FEC Identification Number

C [ ]

Purpose of Disbursement  
CONTRIBUTION REFUND

010  
Category/  
Type

Transaction ID : SB29001

Amount of Each Disbursement this Period

5000.00

Candidate Name

Memo Item

Office Sought:  House  Senate  President  
Disbursement For: 022  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### B.

Date of Disbursement

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

Mailing Address

City State Zip Code

FEC Identification Number

C [ ]

Purpose of Disbursement

[ ]  
Category/  
Type

Amount of Each Disbursement this Period

[ ]

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

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Date of Disbursement

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

Mailing Address

City State Zip Code

FEC Identification Number

C [ ]

Purpose of Disbursement

[ ]  
Category/  
Type

Amount of Each Disbursement this Period

[ ]

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

State: District:

Memo Item

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

5000.00

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

5000.00