

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

E-PAC

ADDRESS (number and street) PO BOX 500

Check if different than previously reported. (ACC) GLEN FALLS NY 12801

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

C C00570945 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 checked="" type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

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

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

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

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

5. Covering Period M M / D D / Y Y Y Y Y Y 03 / 01 / 2022 through M M / D D / Y Y Y Y Y Y 03 / 31 / 2022

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 / D D / Y Y Y Y Y Y 04 / 20 / 2022

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

E-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="2022"/> | <input type="text"/> | <input type="text" value="381350.74"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="315840.66"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="108618.16"/> | <input type="text" value="153055.81"/> |
| (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="424458.82"/> | <input type="text" value="534406.55"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="225712.23"/> | <input type="text" value="335659.96"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="198746.59"/> | <input type="text" value="198746.59"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

E-PAC

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 1250.00 | 15750.00 |
| (ii) Unitemized | 4618.08 | 8972.45 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 5868.08 | 24722.45 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 46000.00 | 71583.28 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 51868.08 | 96305.73 |
| 12. Transfers From Affiliated/Other Party Committees..... | 56750.08 | 56750.08 |
| 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)).....▶ | 108618.16 | 153055.81 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 108618.16 | 153055.81 |

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 | 15712.23 | 60409.96 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 15712.23 | 60409.96 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 210000.00 | 275000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 250.00 |
| 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)) .. | 225712.23 | 335659.96 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 225712.23 | 335659.96 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 51868.08 | 96305.73 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 51868.08 | 96305.73 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 15712.23 | 60409.96 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 15712.23 | 60409.96 |

**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 40 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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)
E-PAC

A. NOVY, GREG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7804 YORKSHIRE DR
 City CASTLE PINES State CO Zip Code 80108-8846
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNITED LAUNCH ALLIANCE Occupation (for Individual) ENGINEER LEADER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 07 / 2022
Transaction ID : SA11A.573688
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 20071.73

Date of Receipt 03 / 15 / 2022
Transaction ID : SA11C.578016
 Amount of Each Receipt this Period 1277.48
 Memo Item CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

C. ALLEN, KATHRYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1907 LOCUST GROVE RD
 City SILVER SPRING State MD Zip Code 20910-1304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMERICA'S HEALTH INSURANCE PLANS Occupation (for Individual) FEDERAL AFFAIRS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 15 / 2022
Transaction ID : SA11A.578065
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

| | |
|---|------------------------------|
| FOR LINE NUMBER: | PAGE 7 OF 40 |
| (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HUNT, R., THOMAS, ,

Mailing Address 3900 KRUSE WAY PLACE

| | | |
|---------------------|-------------|------------------------|
| City LAKE OSWEGO | State OR | Zip Code 97035-2512 |
|---------------------|-------------|------------------------|

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 ▼
500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 15 | | 2022 |

Transaction ID : SA11A.578066

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 500.00 |
| TOTAL This Period (last page this line number only)..... | 1250.00 |

**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 8 OF 40 |
| <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)
E-PAC

A. CHARTER COMMUNICATIONS INC PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 ATLANTIC STREET
10TH FLOOR

City STAMFORD State CT Zip Code 06901-3512

FEC ID number of contributing federal political committee. **C** C00426775

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 22 / 2022

Transaction ID : SA11C.580096

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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

Mailing Address 601 PENNSYLVANIA AVENUE, NORTHWEST
SOUTH BUILDING, SUITE 600

City WASHINGTON State DC Zip Code 20004-2727

FEC ID number of contributing federal political committee. **C** C00007880

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 22 / 2022

Transaction ID : SA11C.580097

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

C. GENERAL ATOMICS PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 85608

City SAN DIEGO State CA Zip Code 92186-5608

FEC ID number of contributing federal political committee. **C** C00215285

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 22 / 2022

Transaction ID : SA11C.580095

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 15000.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 9 OF 40 |
| <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)
E-PAC

A. AMERICAN DENTAL ASSOCIATION PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1111 14TH STREET NORTHWEST
SUITE 1100

City WASHINGTON State DC Zip Code 20005-5627

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2022

Transaction ID : SA11C.583797

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. ANHEUSER-BUSCH COMPANIES INC. PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address ONE BUSCH PLACE
202-7

City SAINT LOUIS State MO Zip Code 63118-1849

FEC ID number of contributing federal political committee. **C** C00034488

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2022

Transaction ID : SA11C.583661

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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

Mailing Address P.O. BOX 2485

City SPRINGFIELD State VA Zip Code 22152-0485

FEC ID number of contributing federal political committee. **C** C00469429

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2022

Transaction ID : SA11C.583663

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 10000.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 10 OF 40 |
| <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)
E-PAC

A. GAP INC. POLITICAL ACTION COMMITTEE; THE

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

Mailing Address 2 FOLSOM STREET
13TH FLOOR

City SAN FRANCISCO State CA Zip Code 94105-1205

FEC ID number of contributing federal political committee. **C** C00257246

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2022

Transaction ID : SA11C.583658

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

B. INDEPENDENT ELECTRICAL PAC

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

Mailing Address 4401 FORD AVENUE
SUITE 1100

City ALEXANDRIA State VA Zip Code 22302-1470

FEC ID number of contributing federal political committee. **C** C00332031

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2022

Transaction ID : SA11C.583659

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. MR. SOUTHERN MISSOURIAN IN THE HOUSE PAC

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

Mailing Address P.O. BOX 30844

City BETHESDA State MD Zip Code 20824-0844

FEC ID number of contributing federal political committee. **C** C00563726

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2022

Transaction ID : SA11C.583662

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 11000.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 11 OF 40 |
| <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)
E-PAC

A. PRICE WATERHOUSE COOPERS PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1301 K STREET
SUITE 800 WEST

City WASHINGTON State DC Zip Code 20005-3317

FEC ID number of contributing federal political committee. **C** C00107235

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2022

Transaction ID : SA11C.583664

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

B. UBS AMERICAS INC PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 ATLANTIC STREET

City STAMFORD State CT Zip Code 06901-3512

FEC ID number of contributing federal political committee. **C** C00012245

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2022

Transaction ID : SA11C.583660

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 10000.00 |
| TOTAL This Period (last page this line number only).....▶ | 46000.00 |

**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 12 OF 40 |
| <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)
E-PAC

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

Mailing Address P.O. BOX 500

| | | |
|---------------------|-------------|------------------------|
| City GLENS FALLS | State NY | Zip Code 12801-0500 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00630632

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
56750.08

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 08 / 2022

Transaction ID : SA12.575664

Amount of Each Receipt this Period
55441.93

Memo Item
TRANSFER

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

Mailing Address 259 CLARKE AVENUE

| | | |
|--------------------|-------------|------------------------|
| City PALM BEACH | State FL | Zip Code 33480-6124 |
|--------------------|-------------|------------------------|

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 ▼
4500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 25 / 2022

Transaction ID : SA.561862.3.0022

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER

TRANSFER FROM ELISE VICTORY FUND

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

Mailing Address 259 CLARKE AVENUE

| | | |
|--------------------|-------------|------------------------|
| City PALM BEACH | State FL | Zip Code 33480-6124 |
|--------------------|-------------|------------------------|

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 ▼
4500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 08 / 2022

Transaction ID : SA.566481.3.0022

Amount of Each Receipt this Period
4400.00

Memo Item
TRANSFER

TRANSFER FROM ELISE VICTORY FUND

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 55441.93 |
| 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 13 OF 40 |
| <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)
E-PAC

A. CASSIDY, AL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 346 EAST CENTRAL AVENUE
 City WINTER HAVEN State FL Zip Code 33880-3046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CASSIDY HOLDINGS Occupation (for Individual) INVESTMENT REAL ESTATE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **01 / 08 / 2022**
Transaction ID : SA.544385.3.0022
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

B. CASSIDY, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 346 EAST CENTRAL AVENUE
 City WINTER HAVEN State FL Zip Code 33880-3046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VMAR DEV, LLC Occupation (for Individual) REAL ESTATE DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **01 / 09 / 2022**
Transaction ID : SA.544416.3.0022
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

C. CASTELLI, NGOC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30109 BRETTON LOOP
 City MOUNT DORA State FL Zip Code 32757-7810
 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 **01 / 08 / 2022**
Transaction ID : SA.544386.3.0022
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 14 OF 40 |
| <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)
E-PAC

A. HICKS, ADAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 276 FIFTH AVE
 City NEW YORK State NY Zip Code 10001-4509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HICKS HOLDINGS INC DBA COOPER DEVELOPM Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4900.00

Date of Receipt **01 / 07 / 2022**
Transaction ID : SA.544367.3.0022
 Amount of Each Receipt this Period 4900.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

B. MARINI, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 DOWNTON WALK
 City SARATOGA SPRINGS State NY Zip Code 12866-3630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ROBERT MARINI BUILDERS, INC. Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **01 / 03 / 2022**
Transaction ID : SA.540664.3.0022
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

C. PACKER, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7204 MANDARIN DRIVE
 City BOCA RATON State FL Zip Code 33433-7414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GLOBIS CAPITAL Occupation (for Individual) PORTFOLIO MANAGER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **01 / 07 / 2022**
Transaction ID : SA.555946.3.0022
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 15 OF 40 |
| <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)
E-PAC

A. PRATT, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5787 GINNERS LANE
 City HERNANDO State MS Zip Code 38632-9655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FPS Occupation (for Individual) PHARMACIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 01 / 2022
Transaction ID : SA.539649.3.0022
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

B. REYNOLDS, ROBERT, L., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 153 GARFIELD ROAD
 City CONCORD State MA Zip Code 01742-4905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PUTNAM INVESTMENTS Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 04 / 2022
Transaction ID : SA.544019.3.0022
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

C. SCHWAB, CHARLES, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 2226
 City PALM BEACH State FL Zip Code 33480-2226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHARLES SCHWAB CORP Occupation (for Individual) CHAIRMAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 01 / 2022
Transaction ID : SA.564048.3.0022
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 16 OF 40 |
| <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)
E-PAC

A. TAVERAS, YODEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 LEXINGTON AVENUE
 City SUFFERN State NY Zip Code 10901-4506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ZOMMER-X CORP Occupation (for Individual) SELF EMPLOYEE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 08 / 2022**
Transaction ID : SA.566480.3.0022
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

B. WRIGHT, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 PINE BLUFF AVENUE
 City ORLANDO State FL Zip Code 32806-2344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **01 / 13 / 2022**
Transaction ID : SA.555860.3.0022
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

C. ZAPPONE, JAMES, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 126 FULLER ROAD
 City QUEENSBURY State NY Zip Code 12804-8481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ZAPPONE MOTORS Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3700.00

Date of Receipt **02 / 23 / 2022**
Transaction ID : SA.571528.3.0022
 Amount of Each Receipt this Period 3700.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 17 OF 40 |
| <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)
E-PAC

A. GADS PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 47 FLINTLOCK DR
City SHIRLEY State NY Zip Code 11967-2758
FEC ID number of contributing federal political committee. **C** C00764472
Name of Employer (for Individual) Occupation (for Individual)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **01 / 20 / 2022**
Transaction ID : SA.559165.3.0022
Amount of Each Receipt this Period 5000.00
 Memo Item
TRANSFER
TRANSFER FROM ELISE VICTORY FUND

B. ELISE VICTORY FUND
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. BOX 500
City GLENS FALLS State NY Zip Code 12801-0500
FEC ID number of contributing federal political committee. **C** C00630632
Name of Employer (for Individual) Occupation (for Individual)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 56750.08

Date of Receipt **03 / 31 / 2022**
Transaction ID : SA12.585418
Amount of Each Receipt this Period 1308.15
 Memo Item
TRANSFER

C. BRYDEN, ELIZABETH, MDT., MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1 WEST 67TH STREET
City NEW YORK State NY Zip Code 10023-6200
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Occupation (for Individual)
RETIRED RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date ▼ 450.00

Date of Receipt **03 / 16 / 2022**
Transaction ID : SA.578604.3.0023
Amount of Each Receipt this Period 450.00
 Memo Item
TRANSFER
TRANSFER FROM ELISE VICTORY FUND

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1308.15 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 18 OF 40 |
| <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)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KANTOR, NICKLAUS, , ,

Mailing Address **19 GREENWAY W**

City **SLOATSBURG** State **NY** Zip Code **10974-1828**

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 ▼ **100.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 10 | / | 2022 |

Transaction ID : SA.576136.3.0023

Amount of Each Receipt this Period

| |
|--------|
| 100.00 |
|--------|

Memo Item
TRANSFER

TRANSFER FROM ELISE VICTORY FUND

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

Mailing Address **844 SOUTH DELAWARE AVENUE**

City **TAMPA** State **FL** Zip Code **33606-2915**

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

Name of Employer (for Individual) **EAGLE TRANSPORTATION** Occupation (for Individual) **FREIGHT BROKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 21 | / | 2022 |

Transaction ID : SA.578800.3.0023

Amount of Each Receipt this Period

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

Memo Item
TRANSFER

TRANSFER FROM ELISE VICTORY FUND

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

Amount of Each Receipt this Period

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

Memo Item

| | |
|---|-----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | 56750.08 |

**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)
E-PAC

A. DOORDASH INC

Full Name (Last, First, Middle Initial)

Mailing Address 303 2ND STREET SUITE 800

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 01 / 2022

FEC Identification Number: C

Transaction ID : SB21B.470

Amount of Each Disbursement this Period: 245.97

Memo Item

B. WINRED TECHNICAL SERVICES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD #530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 01 / 2022

FEC Identification Number: C

Transaction ID : SB21B.459

Amount of Each Disbursement this Period: 34.93

Memo Item

C. ZOOM

Full Name (Last, First, Middle Initial)

Mailing Address 55 ALMADEN BLVD SUITE 600

City SAN JOSE State CA Zip Code 95113

Purpose of Disbursement WEB SERVICE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 01 / 2022

FEC Identification Number: C

Transaction ID : SB21B.495

Amount of Each Disbursement this Period: 15.74

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 296.64

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)
E-PAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES | | Date of Disbursement MM / DD / YYYY 03 / 02 / 2022 |
| Mailing Address 4333 AMON CARTER BLVD | | FEC Identification Number C [REDACTED] Transaction ID : SB21B.479 Amount of Each Disbursement this Period [REDACTED] 253.60 |
| City FT WORTH | State TX | Zip Code 76155 |
| Purpose of Disbursement TRAVEL | | Category/ Type [REDACTED] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES | | Date of Disbursement MM / DD / YYYY 03 / 02 / 2022 |
| Mailing Address 4333 AMON CARTER BLVD | | FEC Identification Number C [REDACTED] Transaction ID : SB21B.480 Amount of Each Disbursement this Period [REDACTED] 37.49 |
| City FT WORTH | State TX | Zip Code 76155 |
| Purpose of Disbursement TRAVEL | | Category/ Type [REDACTED] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. CAPITAL GIFTS LLC | | Date of Disbursement MM / DD / YYYY 03 / 04 / 2022 |
| Mailing Address 2012 RENARD COURT UNIT K | | FEC Identification Number C [REDACTED] Transaction ID : SB21B.457 Amount of Each Disbursement this Period [REDACTED] 3336.52 |
| City ANNAPOLIS | State MD | Zip Code 21401 |
| Purpose of Disbursement COLLATERAL MATERIALS- SHIRTS | | Category/ Type [REDACTED] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

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

[REDACTED] 3627.61

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)
E-PAC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. GOOGLE | | Date of Disbursement MM / DD / YYYY 03 / 04 / 2022 |
| Mailing Address 1600 AMPHITHEATRE PARKWAY | | FEC Identification Number C [] Transaction ID : SB21B.494 Amount of Each Disbursement this Period [] 24.00 |
| City MOUNTAIN VIEW | State CA | Zip Code 94043 |
| Purpose of Disbursement WEB SERVICE | | Category/ Type [] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. BRENNAN, FRANCIS, , , | | Date of Disbursement MM / DD / YYYY 03 / 07 / 2022 |
| Mailing Address 79 POTOMAC AVE SE #606 | | FEC Identification Number C [] Transaction ID : SB21B.467 Amount of Each Disbursement this Period [] 500.00 |
| City WASHINGTON | State DC | Zip Code 20003 |
| Purpose of Disbursement DIGITAL CONSULTING | | Category/ Type [] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. RENNA, RAYCHEL, , , | | Date of Disbursement MM / DD / YYYY 03 / 07 / 2022 |
| Mailing Address 333 8TH STREET SE APT 410 | | FEC Identification Number C [] Transaction ID : SB21B.474 Amount of Each Disbursement this Period [] 1750.00 |
| City WASHINGTON | State DC | Zip Code 20003 |
| Purpose of Disbursement POLITICAL STRATEGY CONSULTING | | Category/ Type [] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

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|--|-------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | [] 2274.00 |
| 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)
E-PAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES | | Date of Disbursement MM / DD / YYYY 03 / 07 / 2022 |
| Mailing Address 4333 AMON CARTER BLVD | | FEC Identification Number C [REDACTED] Transaction ID : SB21B.481 Amount of Each Disbursement this Period [REDACTED] 244.60 |
| City FT WORTH | State TX | Zip Code 76155 |
| Purpose of Disbursement TRAVEL | | Category/ Type [REDACTED] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES | | Date of Disbursement MM / DD / YYYY 03 / 07 / 2022 |
| Mailing Address 4333 AMON CARTER BLVD | | FEC Identification Number C [REDACTED] Transaction ID : SB21B.482 Amount of Each Disbursement this Period [REDACTED] 37.49 |
| City FT WORTH | State TX | Zip Code 76155 |
| Purpose of Disbursement TRAVEL | | Category/ Type [REDACTED] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC | | Date of Disbursement MM / DD / YYYY 03 / 08 / 2022 |
| Mailing Address 1776 WILSON BLVD #530 | | FEC Identification Number C [REDACTED] Transaction ID : SB21B.460 Amount of Each Disbursement this Period [REDACTED] 60.16 |
| City ARLINGTON | State VA | Zip Code 22209 |
| Purpose of Disbursement CREDIT CARD MERCHANT FEE | | Category/ Type [REDACTED] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

| | |
|--|-------------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | [REDACTED] 342.25 |
| TOTAL This Period (last page this line number only).....▶ | [REDACTED] |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
E-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 MANAGEMENT SVC

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 09 / 2022

FEC Identification Number: C

Transaction ID : SB21B.466

Amount of Each Disbursement this Period: 500.00

Memo Item

B. INTUIT

Full Name (Last, First, Middle Initial)

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 14 / 2022

FEC Identification Number: C

Transaction ID : SB21B.477

Amount of Each Disbursement this Period: 223.64

Memo Item

C. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR

City DALLAS State TX Zip Code 75201

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 15 / 2022

FEC Identification Number: C

Transaction ID : SB21B.465

Amount of Each Disbursement this Period: 20.30

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 743.94

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)
E-PAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC | | Date of Disbursement MM / DD / YYYY 03 / 15 / 2022 |
| Mailing Address 1776 WILSON BLVD #530 | | FEC Identification Number C Transaction ID : SB21B.461 Amount of Each Disbursement this Period 57.80 |
| City ARLINGTON | State VA | |
| Zip Code 22209 | Purpose of Disbursement CREDIT CARD MERCHANT FEE | Memo Item <input type="checkbox"/> |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. CAPITOL HILL CLUB | | Date of Disbursement MM / DD / YYYY 03 / 16 / 2022 |
| Mailing Address 300 FIRST STREET SE | | FEC Identification Number C Transaction ID : SB21B.469 Amount of Each Disbursement this Period 103.05 |
| City WASHINGTON | State DC | |
| Zip Code 20003 | Purpose of Disbursement FOOD/BEVERAGES | Memo Item <input type="checkbox"/> |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. COMPLIANCE CONSULTING CO OF VIRGINIA LLC | | Date of Disbursement MM / DD / YYYY 03 / 16 / 2022 |
| Mailing Address PO BOX 365 | | FEC Identification Number C Transaction ID : SB21B.458 Amount of Each Disbursement this Period 1000.00 |
| City MCLEAN | State VA | |
| Zip Code 22101 | Purpose of Disbursement COMPLIANCE CONSULTING | Memo Item <input type="checkbox"/> |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1160.85 |
| 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)
E-PAC

A. JETTIES

Full Name (Last, First, Middle Initial)

Mailing Address 3708 MACOMB ST NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 17 / 2022

FEC Identification Number: C

Transaction ID : SB21B.472

Amount of Each Disbursement this Period: 761.82

Memo Item

B. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMON CARTER BLVD

City FT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 21 / 2022

FEC Identification Number: C

Transaction ID : SB21B.483

Amount of Each Disbursement this Period: 40.00

Memo Item

C. BB&T

Full Name (Last, First, Middle Initial)

Mailing Address 2200 WILSON BLVD SUITE 100

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 21 / 2022

FEC Identification Number: C

Transaction ID : SB21B.456

Amount of Each Disbursement this Period: 15.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 816.82

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)
E-PAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. HERTZ INC | | Date of Disbursement MM / DD / YYYY 03 / 21 / 2022 |
| Mailing Address 8501 WILLIAMS ROAD | | FEC Identification Number C [REDACTED] Transaction ID : SB21B.486 Amount of Each Disbursement this Period [REDACTED] 459.57 |
| City ESTERO | State FL | Zip Code 33928 |
| Purpose of Disbursement TRAVEL | | Category/ Type [REDACTED] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. HUDSON COOKIES | | Date of Disbursement MM / DD / YYYY 03 / 21 / 2022 |
| Mailing Address 401 NEWPORT CENTER DRIVE | | FEC Identification Number C [REDACTED] Transaction ID : SB21B.471 Amount of Each Disbursement this Period [REDACTED] 1201.26 |
| City NEWPORT BEACH | State CA | Zip Code 92660 |
| Purpose of Disbursement FOOD/BEVERAGES | | Category/ Type [REDACTED] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES | | Date of Disbursement MM / DD / YYYY 03 / 21 / 2022 |
| Mailing Address 2702 LOVE FIELD DRIVE | | FEC Identification Number C [REDACTED] Transaction ID : SB21B.488 Amount of Each Disbursement this Period [REDACTED] 20.00 |
| City DALLAS | State TX | Zip Code 75235 |
| Purpose of Disbursement TRAVEL | | Category/ Type [REDACTED] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

| | |
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| SUBTOTAL of Disbursements This Page (optional).....▶ | [REDACTED] 1680.83 |
| TOTAL This Period (last page this line number only).....▶ | [REDACTED] |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
E-PAC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES | | Date of Disbursement MM / DD / YYYY 03 / 21 / 2022 |
| Mailing Address 2702 LOVE FIELD DRIVE | | FEC Identification Number C [] Transaction ID : SB21B.489 Amount of Each Disbursement this Period [] 20.00 |
| City DALLAS | State TX | Zip Code 75235 |
| Purpose of Disbursement TRAVEL | | Category/ Type [] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES | | Date of Disbursement MM / DD / YYYY 03 / 21 / 2022 |
| Mailing Address 2702 LOVE FIELD DRIVE | | FEC Identification Number C [] Transaction ID : SB21B.490 Amount of Each Disbursement this Period [] 183.98 |
| City DALLAS | State TX | Zip Code 75235 |
| Purpose of Disbursement TRAVEL | | Category/ Type [] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES | | Date of Disbursement MM / DD / YYYY 03 / 21 / 2022 |
| Mailing Address 2702 LOVE FIELD DRIVE | | FEC Identification Number C [] Transaction ID : SB21B.491 Amount of Each Disbursement this Period [] 183.98 |
| City DALLAS | State TX | Zip Code 75235 |
| Purpose of Disbursement TRAVEL | | Category/ Type [] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

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|--|------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | [] 387.96 |
| 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)
E-PAC

A. SOUTHWEST AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 2702 LOVE FIELD DRIVE

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 21 / 2022

FEC Identification Number: C

Transaction ID : SB21B.492

Amount of Each Disbursement this Period: 277.97

Memo Item

B. SOUTHWEST AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 2702 LOVE FIELD DRIVE

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 21 / 2022

FEC Identification Number: C

Transaction ID : SB21B.493

Amount of Each Disbursement this Period: 50.00

Memo Item

C. WINRED TECHNICAL SERVICES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD #530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 22 / 2022

FEC Identification Number: C

Transaction ID : SB21B.462

Amount of Each Disbursement this Period: 38.63

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 366.60

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)
E-PAC

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEW

State
CA

Zip Code
94043

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.478

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. MARRIOTT SAWGRASS

Mailing Address 1000 TOURNAMENT PLAYERS CLUB BLVD

City
PONTE VEDRA BEACH

State
FL

Zip Code
32082

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.487

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD #530

City
ARLINGTON

State
VA

Zip Code
22209

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.463

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)
E-PAC

A. BULLFEATHERS

Full Name (Last, First, Middle Initial)

Mailing Address 410 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 30 / 2022

FEC Identification Number: C

Transaction ID : **SB21B.468**

Amount of Each Disbursement this Period: 99.60

Memo Item

B. ECAMM NETWORK LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1132 SALEM STREET

City ANDOVER State MA Zip Code 01845

Purpose of Disbursement SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 30 / 2022

FEC Identification Number: C

Transaction ID : **SB21B.476**

Amount of Each Disbursement this Period: 384.00

Memo Item

C. NORTH COUNTRY STRATEGIES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 16 NORTHERN PINES ROAD

City GANSEVOORT State NY Zip Code 12831

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 31 / 2022

FEC Identification Number: C

Transaction ID : **SB21B.473**

Amount of Each Disbursement this Period: 3000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3483.60

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)

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|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
E-PAC

A. WINRED TECHNICAL SERVICES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD #530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 31 / 2022

FEC Identification Number: C

Transaction ID : SB21B.464

Amount of Each Disbursement this Period: 59.46

Memo Item

B. ZOOM

Full Name (Last, First, Middle Initial)

Mailing Address 55 ALMADEN BLVD SUITE 600

City SAN JOSE State CA Zip Code 95113

Purpose of Disbursement WEB SERVICE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 31 / 2022

FEC Identification Number: C

Transaction ID : SB21B.496

Amount of Each Disbursement this Period: 15.74

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

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 75.20 |
| TOTAL This Period (last page this line number only).....▶ | 15712.23 |

**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)

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|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <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)
E-PAC

| | | | | |
|---|--|--|---|--|
| <p>A. NRCC</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 320 FIRST STREET SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | | <p>Date of Disbursement</p> <p>MM / DD / YYYY 03 / 07 / 2022</p> <p>FEC Identification Number</p> <p>C C00075820</p> <p>Transaction ID : SB23.497</p> <p>Amount of Each Disbursement this Period</p> <p>15000.00</p> <p><input type="checkbox"/> Memo Item</p> | |
| <p>B. NRCC</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 320 FIRST STREET SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement CONTRIBUTION BUILDING FUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | | <p>Date of Disbursement</p> <p>MM / DD / YYYY 03 / 07 / 2022</p> <p>FEC Identification Number</p> <p>C C00075820</p> <p>Transaction ID : SB23.498</p> <p>Amount of Each Disbursement this Period</p> <p>45000.00</p> <p>BUILDING FUND</p> <p><input type="checkbox"/> Memo Item</p> | |
| <p>C. NRCC</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 320 FIRST STREET SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement CONTRIBUTION LEGAL/RECOUNT FUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | | <p>Date of Disbursement</p> <p>MM / DD / YYYY 03 / 07 / 2022</p> <p>FEC Identification Number</p> <p>C C00075820</p> <p>Transaction ID : SB23.499</p> <p>Amount of Each Disbursement this Period</p> <p>45000.00</p> <p>LEGAL/RECOUNT FUND</p> <p><input type="checkbox"/> Memo Item</p> | |
| <p>SUBTOTAL of Disbursements This Page (optional).....▶</p> | | | <p>105000.00</p> | |
| <p>TOTAL This Period (last page this line number only).....▶</p> | | | <p></p> | |

**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)
E-PAC

A. ANNA PAULINA LUNA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 23064

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 10 | | 2022 |

City ST. PETERSBURG State FL Zip Code 33742

FEC Identification Number

Purpose of Disbursement CONTRIBUTION

| | |
|---|-----------|
| C | C00718239 |
|---|-----------|

Candidate Name LUNA, ANNA, PAULINA, ,

Category/Type

Transaction ID : SB23.501

Amount of Each Disbursement this Period

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: FL District: 13

| |
|---------|
| 5000.00 |
|---------|

Memo Item

B. ANNA PAULINA LUNA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 23064

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 10 | | 2022 |

City ST. PETERSBURG State FL Zip Code 33742

FEC Identification Number

Purpose of Disbursement CONTRIBUTION

| | |
|---|-----------|
| C | C00718239 |
|---|-----------|

Candidate Name LUNA, ANNA, PAULINA, ,

Category/Type

Transaction ID : SB23.511

Amount of Each Disbursement this Period

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: FL District: 13

| |
|---------|
| 5000.00 |
|---------|

Memo Item

C. ANNIE FOR NEVADA

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 355 W MESQUITE BLVD D30-1069

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 10 | | 2022 |

City MESQUITE State NV Zip Code 89027

FEC Identification Number

Purpose of Disbursement CONTRIBUTION

| | |
|---|-----------|
| C | C00799221 |
|---|-----------|

Candidate Name BLACK, ANNIE, , ,

Category/Type

Transaction ID : SB23.502

Amount of Each Disbursement this Period

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: NV District: 04

| |
|---------|
| 5000.00 |
|---------|

Memo Item

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

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

| |
|----------|
| 15000.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input 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)
E-PAC

A. HOUCHIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 234

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 10 | | 2022 |

City SALEM State IN Zip Code 47167

FEC Identification Number

Purpose of Disbursement CONTRIBUTION

| | |
|---|-----------|
| C | C00800649 |
|---|-----------|

Candidate Name
HOUCHIN, ERIN, , ,

Category/Type

Transaction ID : SB23.504

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: IN District: 09

Disbursement For: 2022
 Primary General
 Other (specify) ▼

| |
|---------|
| 5000.00 |
|---------|

Memo Item

B. HOUCHIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 234

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 10 | | 2022 |

City SALEM State IN Zip Code 47167

FEC Identification Number

Purpose of Disbursement CONTRIBUTION

| | |
|---|-----------|
| C | C00800649 |
|---|-----------|

Candidate Name
HOUCHIN, ERIN, , ,

Category/Type

Transaction ID : SB23.513

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: IN District: 09

Disbursement For: 2022
 Primary General
 Other (specify)

| |
|---------|
| 5000.00 |
|---------|

Memo Item

C. JOY FOR NY

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 26 VALDEPENAS LANE

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 10 | | 2022 |

City CLIFTON PARK State NY Zip Code 12065

FEC Identification Number

Purpose of Disbursement CONTRIBUTION

| | |
|---|-----------|
| C | C00701755 |
|---|-----------|

Candidate Name
JOY, LIZ, , ,

Category/Type

Transaction ID : SB23.505

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: NY District: 20

Disbursement For: 2022
 Primary General
 Other (specify) ▼

| |
|---------|
| 5000.00 |
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Memo Item

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

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

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| 15000.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input 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)
E-PAC

Full Name (Last, First, Middle Initial)

A. JOY FOR NY

Mailing Address 26 VALDEPENAS LANE

City CLIFTON PARK State NY Zip Code 12065

Purpose of Disbursement CONTRIBUTION

Candidate Name JOY, LIZ, , ,

Office Sought: House Senate President
State: NY District: 20

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2022

FEC Identification Number

C C00701755

Transaction ID : SB23.514

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LORI CHAVEZ-DEREMER FOR CONGRESS

Mailing Address 13203 SE 172ND AVENUE SUITE 166 #3

City HAPPY VALLEY State OR Zip Code 97086

Purpose of Disbursement CONTRIBUTION

Candidate Name CHAVEZ-DEREMER, LORI, , ,

Office Sought: House Senate President
State: OR District: 05

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2022

FEC Identification Number

C C00784520

Transaction ID : SB23.506

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LORI CHAVEZ-DEREMER FOR CONGRESS

Mailing Address 13203 SE 172ND AVENUE SUITE 166 #3

City HAPPY VALLEY State OR Zip Code 97086

Purpose of Disbursement CONTRIBUTION

Candidate Name CHAVEZ-DEREMER, LORI, , ,

Office Sought: House Senate President
State: OR District: 05

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2022

FEC Identification Number

C C00784520

Transaction ID : SB23.515

Amount of Each Disbursement this Period

5000.00

Memo Item

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

15000.00

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 checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
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NAME OF COMMITTEE (In Full)
E-PAC

A. MADISON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 645 HOWE AVENUE #1002

City CUYAHOGA FALLS State OH Zip Code 44221

Purpose of Disbursement CONTRIBUTION

Candidate Name GILBERT, MADISON, GESIOTTO, ,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: OH District: 13

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2022

FEC Identification Number

C C00795542

Transaction ID : SB23.507

Amount of Each Disbursement this Period

5000.00

Memo Item

B. MADISON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 645 HOWE AVENUE #1002

City CUYAHOGA FALLS State OH Zip Code 44221

Purpose of Disbursement CONTRIBUTION

Candidate Name GILBERT, MADISON, GESIOTTO, ,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: OH District: 13

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2022

FEC Identification Number

C C00795542

Transaction ID : SB23.516

Amount of Each Disbursement this Period

5000.00

Memo Item

C. MAYRA FLORES FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 516

City LOS INDIOS State TX Zip Code 78567

Purpose of Disbursement CONTRIBUTION

Candidate Name FLORES, MAYRA, , ,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: TX District: 34

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2022

FEC Identification Number

C C00768994

Transaction ID : SB23.508

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

15000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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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)
E-PAC

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. TANYA FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 03 / 10 / 2022 |
| Mailing Address PO BOX 12796 | | FEC Identification Number C C00786715 Transaction ID : SB23.509 |
| City TEMPE | State AZ | Zip Code 85284 |
| Purpose of Disbursement CONTRIBUTION | | Amount of Each Disbursement this Period 5000.00 |
| Candidate Name WHEELLESS, TANYA, CONTRERAS, , | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: AR | District: 04 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. TANYA FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 03 / 10 / 2022 |
| Mailing Address PO BOX 12796 | | FEC Identification Number C C00786715 Transaction ID : SB23.517 |
| City TEMPE | State AZ | Zip Code 85284 |
| Purpose of Disbursement CONTRIBUTION | | Amount of Each Disbursement this Period 5000.00 |
| Candidate Name WHEELLESS, TANYA, CONTRERAS, , | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | <input type="checkbox"/> Memo Item |
| State: AR | District: 04 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. TEAM MORGAN ORTAGUS | | Date of Disbursement MM / DD / YYYY 03 / 10 / 2022 |
| Mailing Address PO BOX 1928 | | FEC Identification Number C C00804138 Transaction ID : SB23.510 |
| City BRENTWOOD | State TN | Zip Code 37024 |
| Purpose of Disbursement CONTRIBUTION | | Amount of Each Disbursement this Period 5000.00 |
| Candidate Name ORTAGUS, MORGAN, , , | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: TN | District: 05 | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 15000.00 |
| 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)

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|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <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)
E-PAC

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. TEAM MORGAN ORTAGUS | | Date of Disbursement MM / DD / YYYY 03 / 10 / 2022 |
| Mailing Address PO BOX 1928 | | FEC Identification Number C 00804138 Transaction ID : SB23.518 |
| City BRENTWOOD | State TN | Zip Code 37024 |
| Purpose of Disbursement CONTRIBUTION | | Amount of Each Disbursement this Period 5000.00 |
| Candidate Name ORTAGUS, MORGAN, , , | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: TN | District: 05 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. CLAUDIA TENNEY FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 03 / 24 / 2022 |
| Mailing Address PO BOX 244 | | FEC Identification Number C 00632828 Transaction ID : SB23.520 |
| City CLINTON | State NY | Zip Code 13323 |
| Purpose of Disbursement CONTRIBUTION | | Amount of Each Disbursement this Period 5000.00 |
| Candidate Name TENNEY, CLAUDIA, , , | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: NY | District: 23 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. ANN WAGNER FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 03 / 29 / 2022 |
| Mailing Address PO BOX 50 | | FEC Identification Number C 00495846 Transaction ID : SB23.500 |
| City BALLWIN | State MO | Zip Code 63022 |
| Purpose of Disbursement CONTRIBUTION | | Amount of Each Disbursement this Period 5000.00 |
| Candidate Name WAGNER, ANN, , , | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: MO | District: 02 | |

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|--|-----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 15000.00 |
| TOTAL This Period (last page this line number only).....▶ | 210000.00 |