

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
New Nation Rising

ADDRESS (number and street) P.O. Box 563
Check if different than previously reported. (ACC) New York NY 10030

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00634964
3. IS THIS REPORT NEW OR AMENDED
[x] (N) [] (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
[] April 15 Quarterly Report (Q1)
[] July 15 Quarterly Report (Q2)
[x] October 15 Quarterly Report (Q3)
[] January 31 Year-End Report (YE)
[] July 31 Mid-Year Report (Non-election Year Only) (MY)
[] Termination Report (TER)
(b) Monthly Report Due On:
[] Feb 20 (M2) [] May 20 (M5) [] Aug 20 (M8) [] Nov 20 (M11) (Non-Election Year Only)
[] Mar 20 (M3) [] Jun 20 (M6) [] Sep 20 (M9) [] Dec 20 (M12) (Non-Election Year Only)
[] Apr 20 (M4) [] Jul 20 (M7) [] Oct 20 (M10) [] Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
[] Primary (12P) [] General (12G) [] Runoff (12R)
[] Convention (12C) [] Special (12S)
Election on [] in the State of []
(d) 30-Day POST-Election Report for the:
[] General (30G) [] Runoff (30R) [] Special (30S)
Election on [] in the State of []

5. Covering Period 07 01 2020 through 09 30 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Ogunnaike, Shane, , ,
Type or Print Name of Treasurer

Signature of Treasurer Ogunnaike, Shane, , , [Electronically Filed] Date 10 17 2020

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

New Nation Rising

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="2020"/>		10060.97
(b) Cash on Hand at Beginning of Reporting Period.....	2164.01	
(c) Total Receipts (from Line 19)	0.00	1545.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2164.01	11606.08
7. Total Disbursements (from Line 31).....	279.92	9721.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1884.09	1884.09
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

New Nation Rising

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2020 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2020

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	0.00	1545.11
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	1545.11
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	1545.11
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	0.00	1545.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	1545.11

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	189.92	7671.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	189.92	7671.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	90.00	2050.00
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)) ..	279.92	9721.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	279.92	9721.99

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)	0.00	1545.11
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	1545.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	189.92	7671.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	189.92	7671.99

**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

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)
New Nation Rising

Full Name (Last, First, Middle Initial) A. Amalgamated Bank		Date of Disbursement MM / DD / YYYY 07 / 24 / 2020	
Mailing Address 1825 K St NW		FEC Identification Number C [REDACTED] Transaction ID : 500074015 Amount of Each Disbursement this Period 10.00	
City Washington	State DC	Zip Code 20006-1202	Category/ Type
Purpose of Disbursement Bank Fee		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) B. Amalgamated Bank		Date of Disbursement MM / DD / YYYY 08 / 28 / 2020	
Mailing Address 1825 K St NW		FEC Identification Number C [REDACTED] Transaction ID : 500074017 Amount of Each Disbursement this Period 10.00	
City Washington	State DC	Zip Code 20006-1202	Category/ Type
Purpose of Disbursement Bank Fee		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. Amalgamated Bank		Date of Disbursement MM / DD / YYYY 09 / 28 / 2020	
Mailing Address 1825 K St NW		FEC Identification Number C [REDACTED] Transaction ID : 500074357 Amount of Each Disbursement this Period 10.00	
City Washington	State DC	Zip Code 20006-1202	Category/ Type
Purpose of Disbursement Bank Fee		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	30.00
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)
New Nation Rising

Full Name (Last, First, Middle Initial) A. Direct Connect LLC		Date of Disbursement MM / DD / YYYY 07 / 02 / 2020	
Mailing Address 3901 Centerview Dr		FEC Identification Number C [] Transaction ID : 500074020	
City Chantilly	State VA	Zip Code 20151-3228	Amount of Each Disbursement this Period [] 14.87
Purpose of Disbursement Credit Card Processing Fees		Category/ Type []	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) B. Direct Connect LLC		Date of Disbursement MM / DD / YYYY 07 / 21 / 2020	
Mailing Address 3901 Centerview Dr		FEC Identification Number C [] Transaction ID : 500074021	
City Chantilly	State VA	Zip Code 20151-3228	Amount of Each Disbursement this Period [] 10.00
Purpose of Disbursement Credit Card Processing Fees		Category/ Type []	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) C. Direct Connect LLC		Date of Disbursement MM / DD / YYYY 07 / 21 / 2020	
Mailing Address 3901 Centerview Dr		FEC Identification Number C [] Transaction ID : 500074022	
City Chantilly	State VA	Zip Code 20151-3228	Amount of Each Disbursement this Period [] 10.00
Purpose of Disbursement Credit Card Processing Fees		Category/ Type []	Memo Item <input type="checkbox"/>
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 34.87
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)
New Nation Rising

Full Name (Last, First, Middle Initial) A. Direct Connect LLC		Date of Disbursement MM / DD / YYYY 07 / 21 / 2020	
Mailing Address 3901 Centerview Dr		FEC Identification Number C [] Transaction ID : 500074023	
City Chantilly	State VA	Zip Code 20151-3228	Amount of Each Disbursement this Period [] 10.00
Purpose of Disbursement Credit Card Processing Fees		Category/ Type []	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) B. Direct Connect LLC		Date of Disbursement MM / DD / YYYY 07 / 21 / 2020	
Mailing Address 3901 Centerview Dr		FEC Identification Number C [] Transaction ID : 500074024	
City Chantilly	State VA	Zip Code 20151-3228	Amount of Each Disbursement this Period [] 10.00
Purpose of Disbursement Credit Card Processing Fees		Category/ Type []	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) C. Direct Connect LLC		Date of Disbursement MM / DD / YYYY 08 / 03 / 2020	
Mailing Address 3901 Centerview Dr		FEC Identification Number C [] Transaction ID : 500074025	
City Chantilly	State VA	Zip Code 20151-3228	Amount of Each Disbursement this Period [] 102.55
Purpose of Disbursement Credit Card Processing Fees		Category/ Type []	Memo Item <input type="checkbox"/>
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 122.55
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)
New Nation Rising

A. Direct Connect LLC

Full Name (Last, First, Middle Initial)

Mailing Address 3901 Centerview Dr

City Chantilly State VA Zip Code 20151-3228

Purpose of Disbursement Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 02 / 2020

FEC Identification Number: C

Transaction ID : 500074359

Amount of Each Disbursement this Period: 2.50

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

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)..... ▶ 2.50

TOTAL This Period (last page this line number only)..... ▶ 189.92

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
New Nation Rising

Full Name (Last, First, Middle Initial) A. Chase Card Services		Date of Disbursement MM / DD / YYYY 07 / 02 / 2020
Mailing Address PO Box 1423		FEC Identification Number C Transaction ID : 500072641 Amount of Each Disbursement this Period 2876.71 * Non-Contribution Account <input checked="" type="checkbox"/> Memo Item
City Charlotte	State NC	
Zip Code 28201-1423	Purpose of Disbursement Credit Card Payment, See Below	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:	

Full Name (Last, First, Middle Initial) B. Chase Card Services		Date of Disbursement MM / DD / YYYY 07 / 02 / 2020
Mailing Address PO Box 1423		FEC Identification Number C Transaction ID : 500072621 Amount of Each Disbursement this Period 305.04 * Non-Contribution Account <input checked="" type="checkbox"/> Memo Item
City Charlotte	State NC	
Zip Code 28201-1423	Purpose of Disbursement Bank Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. Google, LLC		Date of Disbursement MM / DD / YYYY 07 / 02 / 2020
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C Transaction ID : 500072623 Amount of Each Disbursement this Period 352.32 * Non-Contribution Account <input checked="" type="checkbox"/> Memo Item
City Mountain View	State CA	
Zip Code 94043-1351	Purpose of Disbursement Web Services	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:	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
New Nation Rising

Full Name (Last, First, Middle Initial) A. NGP VAN, Inc.		Date of Disbursement MM / DD / YYYY 07 / 02 / 2020	
Mailing Address 655 15th St NW # 650		FEC Identification Number C [] Transaction ID : 500072625 Amount of Each Disbursement this Period [] 1733.20 * Non-Contribution Account <input checked="" type="checkbox"/> Memo Item	
City Washington	State DC	Zip Code 20005-5701	Category/ Type []
Purpose of Disbursement Database Services		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:			

Full Name (Last, First, Middle Initial) B. Squarespace, Inc.		Date of Disbursement MM / DD / YYYY 07 / 02 / 2020	
Mailing Address 225 Varick St FI 12		FEC Identification Number C [] Transaction ID : 500072627 Amount of Each Disbursement this Period [] 78.26 * Non-Contribution Account <input checked="" type="checkbox"/> Memo Item	
City New York	State NY	Zip Code 10014-4383	Category/ Type []
Purpose of Disbursement Web Services		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:			

Full Name (Last, First, Middle Initial) C. The Farm		Date of Disbursement MM / DD / YYYY 07 / 02 / 2020	
Mailing Address 447 Broadway FI 2		FEC Identification Number C [] Transaction ID : 500072628 Amount of Each Disbursement this Period [] 200.00 * Non-Contribution Account <input checked="" type="checkbox"/> Memo Item	
City New York	State NY	Zip Code 10013-2562	Category/ Type []
Purpose of Disbursement Rent - PO Box		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:			

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
New Nation Rising

A. JP Morgan Chase Bank

Full Name (Last, First, Middle Initial)

Mailing Address 270 Park Ave

City New York State NY Zip Code 10017-2014

Purpose of Disbursement Bank Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 06 / 2020

FEC Identification Number: C

Transaction ID : 500074008

Amount of Each Disbursement this Period: 30.00

Non-Contribution Account Memo Item

B. JP Morgan Chase Bank

Full Name (Last, First, Middle Initial)

Mailing Address 270 Park Ave

City New York State NY Zip Code 10017-2014

Purpose of Disbursement Bank Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 05 / 2020

FEC Identification Number: C

Transaction ID : 500074010

Amount of Each Disbursement this Period: 30.00

Non-Contribution Account Memo Item

C. JP Morgan Chase Bank

Full Name (Last, First, Middle Initial)

Mailing Address 270 Park Ave

City New York State NY Zip Code 10017-2014

Purpose of Disbursement Bank Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 03 / 2020

FEC Identification Number: C

Transaction ID : 500074011

Amount of Each Disbursement this Period: 30.00

Non-Contribution Account Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 90.00

TOTAL This Period (last page this line number only)..... ▶ 90.00