

# 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**  
**OORAH! POLITICAL ACTION COMMITTEE**

ADDRESS (number and street) **PO BOX 3743**  
 Check if different than previously reported. (ACC) **CARMEL IN 46082**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00551853** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period  /  /  2021 through  /  /  2021

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

Signature of Treasurer **WUSLICH, JEFF, , ,** [Electronically Filed] Date  /  /  2021

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**OORAH! POLITICAL ACTION COMMITTEE**

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="2021"/>		203473.42
(b) Cash on Hand at Beginning of Reporting Period.....	117469.05	
(c) Total Receipts (from Line 19) .....	64732.32	313492.67
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	182201.37	516966.09
7. Total Disbursements (from Line 31).....	54497.73	389262.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	127703.64	127703.64
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

Write or Type Committee Name

**OORAH! POLITICAL ACTION COMMITTEE**

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).....	10000.00	49500.00
(ii) Unitemized .....	0.00	1.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	10000.00	49501.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	103500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	11000.00	153001.00
12. Transfers From Affiliated/Other Party Committees.....	53732.32	123017.94
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	17473.73
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	20000.00
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)).....▶	64732.32	313492.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	64732.32	313492.67

**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 .....	49997.73	257762.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	49997.73	257762.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	125000.00
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 .....	2500.00	2500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	2500.00	2500.00
29. Other Disbursements (Including Non-Federal Donations).....	2000.00	4000.00
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)) ..	54497.73	389262.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54497.73	389262.45

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	11000.00	153001.00
34. Total Contribution Refunds (from Line 28(d)) .....	2500.00	2500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8500.00	150501.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	49997.73	257762.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	17473.73
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	49997.73	240288.72

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 23
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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)  
**OORAH! POLITICAL ACTION COMMITTEE**

**A. CHAMBERLIN, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4951 ROCKWOOD PKWY NW  
 City WASHINGTON State DC Zip Code 20016-3247  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ELEVATE GOVERNMENT AFFAIRS Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 30 / 2021  
**Transaction ID : SA11A.111564**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**B. HERZOG, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4500 CATHEDRAL AVENUE NW  
 City WASHINGTON State DC Zip Code 20016-3565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KIMBELL & ASSOCIATES Occupation (for Individual) GOVERNMENT RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 23 / 2021  
**Transaction ID : SA11A.110588**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**C. LAPINSKI, MAT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4424 45TH STREET NORTHWEST  
 City WASHINGTON State DC Zip Code 20016-2053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CROSSROADS STRATEGIES Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 29 / 2021  
**Transaction ID : SA11A.111405**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 7 OF 23
(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)  
**OORAH! POLITICAL ACTION COMMITTEE**

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

Mailing Address **2346 S NASH ST**

City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22202-1548</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>OGILVY GOVERNMENT RELATIONS</b>	Occupation (for Individual) <b>PRINCIPAL</b>
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt  
**09 / 23 / 2021**

**Transaction ID : SA11A.110587**

Amount of Each Receipt this Period  
**2500.00**

Memo Item CONTRIBUTION

**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

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>10000.00</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 23
<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)  
**OORAH! POLITICAL ACTION COMMITTEE**

**A. ADVANCED MEDICAL TECHNOLOGY ASSOCIATION PAC**

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

Mailing Address 701 PENNSYLVANIA AVENUE NW  
SUITE 800

City WASHINGTON State DC Zip Code 20004-2654

FEC ID number of contributing federal political committee. **C** C00340356

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 / D D / Y Y Y Y Y Y  
09 / 23 / 2021

**Transaction ID : SA11C.110742**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**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 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 Y Y

Amount of Each Receipt this Period

Memo Item

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



**SCHEDULE 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 23
<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)  
**OORAH! POLITICAL ACTION COMMITTEE**

**A. BARRASSO YOUNG VICTORY FUND**

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

Mailing Address 901 N WASHINGTON ST  
SUITE 700

City ALEXANDRIA State VA Zip Code 22314-1535

FEC ID number of contributing federal political committee. **C** C00781773

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8475.32

Date of Receipt  
09 / 30 / 2021  
**Transaction ID : SA12.112039**

Amount of Each Receipt this Period  
8475.32

Memo Item  
TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

**B. LAW, CLARENE, , ,**

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

Mailing Address PO BOX 575

City JACKSON State WY Zip Code 83001-0575

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

Name of Employer (for Individual) Occupation (for Individual)  
SELF-EMPLOYED INN KEEPER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
08 / 04 / 2021  
**Transaction ID : SA12.112041**

Amount of Each Receipt this Period  
2500.00

Memo Item  
TRANSFER

JFC ATTRIB: BARRASSO YOUNG VICTORY FUND

**C. LAW, CREED, , MR.,**

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

Mailing Address PO BOX 575

City JACKSON State WY Zip Code 83001-0575

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

Name of Employer (for Individual) Occupation (for Individual)  
TOWN SQUARE INNS OWNER

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
08 / 04 / 2021  
**Transaction ID : SA12.112042**

Amount of Each Receipt this Period  
2500.00

Memo Item  
TRANSFER

JFC ATTRIB: BARRASSO YOUNG VICTORY FUND

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8475.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 23
<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)  
**OORAH! POLITICAL ACTION COMMITTEE**

**A. NAU, JOHN, L., MR., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 130130

City HOUSTON State TX Zip Code 77219-0130

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

Name of Employer (for Individual) SILVER EAGLE DISTRIBUTORS Occupation (for Individual) PRESIDENT AND CEO

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3610.77

Date of Receipt 08 / 09 / 2021  
**Transaction ID : SA12.112043**

Amount of Each Receipt this Period 3610.77

Memo Item  
TRANSFER  
JFC ATTRIB: BARRASSO YOUNG VICTORY FUND

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

Mailing Address 26640 EDGEWOOD ROAD

City SHOREWOOD State MN Zip Code 55331-

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 07 / 12 / 2021  
**Transaction ID : SA12.112040**

Amount of Each Receipt this Period 5000.00

Memo Item  
TRANSFER  
JFC ATTRIB: BARRASSO YOUNG VICTORY FUND

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

Mailing Address PO BOX 3743

City CARMEL State IN Zip Code 46082-3743

FEC ID number of contributing federal political committee. **C** C00696484

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

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 114542.62

Date of Receipt 09 / 28 / 2021  
**Transaction ID : SA12.111172**

Amount of Each Receipt this Period 45257.00

Memo Item  
TRANSFER  
TRANSFER OF JOINT FUNDRAISING PROCEEDS

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45257.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 23
<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)  
**OORAH! POLITICAL ACTION COMMITTEE**

**A. BARANAY, PETER, FREDERICK, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3580 BLACKTHORN CT

City SOUTH BEND	State IN	Zip Code 46628-6158
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ABRO INDUSTRIES, INC.	Occupation (for Individual) SALESMAN
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2021

**Transaction ID : SA.105179.15.2103**

Amount of Each Receipt this Period  
1400.00

Memo Item  
TRANSFER  
TRANSFER FROM YOUNG VICTORY COMMITTEE 2

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

Mailing Address 439 GAY ST

City WESTWOOD	State MA	Zip Code 02090-1729
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WLJ CAPITAL	Occupation (for Individual) INVESTMENTS
--	--

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
09	/	02	/	2021

**Transaction ID : SA.106221.15.2103**

Amount of Each Receipt this Period  
5000.00

Memo Item  
TRANSFER  
TRANSFER FROM YOUNG VICTORY COMMITTEE 2

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

Mailing Address 6100 EMMANUEL DRIVE SOUTHWEST

City ATLANTA	State GA	Zip Code 30336-2804
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PAX HOLDINGS	Occupation (for Individual) BUSINESS OWNER AND OPERATOR
---	--

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
09	/	24	/	2021

**Transaction ID : SA.111021.15.2103**

Amount of Each Receipt this Period  
5000.00

Memo Item  
TRANSFER  
TRANSFER FROM YOUNG VICTORY COMMITTEE 2

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 23
<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)  
**OORAH! POLITICAL ACTION COMMITTEE**

**A. FEHSENFELD, FRED, , , JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5400 WEST 86TH STREET

City INDIANAPOLIS	State IN	Zip Code 46268-1502
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA.110589.15.2103**

Amount of Each Receipt this Period

Memo Item  
TRANSFER

TRANSFER FROM YOUNG VICTORY COMMITTEE 2

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

Mailing Address 3435 OCEANPARK BLVD STE 107 PMB K

City SANTA MONICA	State CA	Zip Code 90405-3320
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) ACTIVISION BLIZZARD	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA.109851.15.2103**

Amount of Each Receipt this Period

Memo Item  
TRANSFER

TRANSFER FROM YOUNG VICTORY COMMITTEE 2

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

Mailing Address 1 N. ILLINOIS STREET  
RESIDENCE 2302

City INDIANAPOLIS	State IN	Zip Code 46204-1945
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA.100175.15.2103**

Amount of Each Receipt this Period

Memo Item  
TRANSFER

TRANSFER FROM YOUNG VICTORY COMMITTEE 2

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

**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 23
<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)  
**OORAH! POLITICAL ACTION COMMITTEE**

**A. LECHLEITER, SARAH, L., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 N ILLINOIS STREET  
APT. 2302

City INDIANAPOLIS State IN Zip Code 46204-1935

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **07 / 21 / 2021**  
**Transaction ID : SA.100176.15.2103**

Amount of Each Receipt this Period **5000.00**

Memo Item  
**TRANSFER**  
**TRANSFER FROM YOUNG VICTORY COMMITTEE 2**

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

Mailing Address 302 N SHERIDAN STREET

City CORONA State CA Zip Code 92878-4067

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

Name of Employer (for Individual) **LUCAS OIL PRODUCTS INC.** Occupation (for Individual) **EXECUTIVE**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2700.00**

Date of Receipt **08 / 10 / 2021**  
**Transaction ID : SA.103667.15.2103**

Amount of Each Receipt this Period **2700.00**

Memo Item  
**TRANSFER**  
**TRANSFER FROM YOUNG VICTORY COMMITTEE 2**

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

Mailing Address 10550 HUSSEY LANE

City CARMEL State IN Zip Code 46032-7921

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

Name of Employer (for Individual) **IRWIN R. ROSE & CO., LLC** Occupation (for Individual) **REAL ESTATE INVESTMENTS**

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **09 / 01 / 2021**  
**Transaction ID : SA.106175.15.2103**

Amount of Each Receipt this Period **5000.00**

Memo Item  
**TRANSFER**  
**TRANSFER FROM YOUNG VICTORY COMMITTEE 2**

**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 23
<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)  
**OORAH! POLITICAL ACTION COMMITTEE**

**A. SMITH, ERIC, MAYS, DR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 958 WEST SHORE DR

City CULVER	State IN	Zip Code 46511-8919
----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4800.00

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2021

**Transaction ID : SA.108391.15.2103**

Amount of Each Receipt this Period  
4800.00

Memo Item  
TRANSFER  
TRANSFER FROM YOUNG VICTORY COMMITTEE 2

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

Mailing Address 775 WILLIAMS COVE DRIVE

City INDIANAPOLIS	State IN	Zip Code 46260-5342
----------------------	-------------	------------------------

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

Name of Employer (for Individual) BOSE MCKINNEY & EVANS	Occupation (for Individual) PARTNER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2021

**Transaction ID : SA.79929.15.2103**

Amount of Each Receipt this Period  
2788.94

Memo Item  
TRANSFER  
TRANSFER FROM YOUNG VICTORY COMMITTEE 2

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

Mailing Address 7515 E 30TH STREET

City INDIANAPOLIS	State IN	Zip Code 46219-1112
----------------------	-------------	------------------------

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 ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2021

**Transaction ID : SA.104872.15.2103**

Amount of Each Receipt this Period  
5000.00

Memo Item  
TRANSFER  
TRANSFER FROM YOUNG VICTORY COMMITTEE 2

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	53732.32

**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)  
**OORAH! POLITICAL ACTION COMMITTEE**

**A. CONNELL, JOHN, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 3743

City CARMEL State IN Zip Code 46082

Purpose of Disbursement COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 24 / 2021

FEC Identification Number: C

Transaction ID : SB21B.I1381!

Amount of Each Disbursement this Period: 2466.00

Memo Item

**B. PEARSON, RACHEL, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1111 19TH STREET, NW, STE. 110  
PEARSON & ASSOCIATES

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 08 / 2021

FEC Identification Number: C

Transaction ID : SB21B.I1378C

Amount of Each Disbursement this Period: 230.00

Memo Item

**C. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address 4017 BUENA VISTA ST UNIT 109

City DALLAS State TX Zip Code 75204

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: 09 / 27 / 2021

FEC Identification Number: C

Transaction ID : SB21B.I1381

Amount of Each Disbursement this Period: 200.60

Memo Item

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

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

2896.60

**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)  
**OORAH! POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BROGHAMER CONSULTING LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2021

Mailing Address 502 MONROE ST

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I1377I**  
Amount of Each Disbursement this Period

[ ] 2500.00

Memo Item

City  
NEWPORT

State  
KY

Zip Code  
41071-2006

Purpose of Disbursement  
COMPLIANCE CONSULTING

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. BROGHAMER CONSULTING LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2021

Mailing Address 502 MONROE ST

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I1377I**  
Amount of Each Disbursement this Period

[ ] 2500.00

Memo Item

City  
NEWPORT

State  
KY

Zip Code  
41071-2006

Purpose of Disbursement  
COMPLIANCE CONSULTING

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. EC CONSULTING, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2021

Mailing Address PO BOX 40323

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I1377I**  
Amount of Each Disbursement this Period

[ ] 17813.68

Memo Item

City  
WASHINGTON

State  
DC

Zip Code  
20016-2705

Purpose of Disbursement  
FINANCE CONSULTING

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

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

[ ] 22813.68

[ ]



**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)  
**OORAH! POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. FOP LODGE 100</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2021	
Mailing Address 2218 E. 10TH STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I1378</b> Amount of Each Disbursement this Period [ ] 300.00	
City JEFFERSONVILLE	State IN	Zip Code 47130	Category/ Type [ ]
Purpose of Disbursement EVENT TICKETS		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) ▼		Memo Item <input type="checkbox"/>
State: District:			
Full Name (Last, First, Middle Initial) <b>B. IFRW</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2021	
Mailing Address 6056 MERIDIAN STREET WEST DRIVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I1378</b> Amount of Each Disbursement this Period [ ] 250.00	
City INDIANAPOLIS	State IN	Zip Code 46208	Category/ Type [ ]
Purpose of Disbursement EVENT TICKETS		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) ▼		Memo Item <input type="checkbox"/>
State: District:			
Full Name (Last, First, Middle Initial) <b>C. INDIANA LEADERSHIP FORUM</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2021	
Mailing Address P.O. BOX 3021		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I1377</b> Amount of Each Disbursement this Period [ ] 500.00	
City INDIANAPOLIS	State IN	Zip Code 46206-3021	Category/ Type [ ]
Purpose of Disbursement EVENT TICKETS		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) ▼		Memo Item <input type="checkbox"/>
State: District:			
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		[ ] 1050.00	
<b>TOTAL</b> 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)  
**OORAH! POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. LIMESTONE STRATEGIES**

Mailing Address 5750 CASTLE CREEK PKWY N DR, SUITE  
SUITE 367

City INDIANAPOLIS State IN Zip Code 46250

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2021

FEC Identification Number

C  
Transaction ID : SB21B.I1377  
Amount of Each Disbursement this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LIMESTONE STRATEGIES**

Mailing Address 5750 CASTLE CREEK PKWY N DR, SUITE  
SUITE 367

City INDIANAPOLIS State IN Zip Code 46250

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2021

FEC Identification Number

C  
Transaction ID : SB21B.I13804  
Amount of Each Disbursement this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. SOCKO STRATEGIES, LLC**

Mailing Address 4323 CATHEDRAL AVE NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2021

FEC Identification Number

C  
Transaction ID : SB21B.I1377  
Amount of Each Disbursement this Period  
3500.00

Memo Item

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

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

13500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**OORAH! POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. SOCKO STRATEGIES, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2021
Mailing Address 4323 CATHEDRAL AVE NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1377!</b> Amount of Each Disbursement this Period [REDACTED] 3950.00
City WASHINGTON	State DC	Zip Code 20016
Purpose of Disbursement FINANCE CONSULTING		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>B. SOCKO STRATEGIES, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 23 / 2021
Mailing Address 4323 CATHEDRAL AVE NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1380!</b> Amount of Each Disbursement this Period [REDACTED] 3500.00
City WASHINGTON	State DC	Zip Code 20016
Purpose of Disbursement FINANCE CONSULTING		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>C. WOOD SABOLD PHOTOGRAPHY, INC.</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2021
Mailing Address 690 SEAVIEW CT. SW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1375</b> Amount of Each Disbursement this Period [REDACTED] 1658.00
City BANDON	State OR	Zip Code 97411
Purpose of Disbursement PHOTOGRAPHY SVC		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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 9108.00
<b>TOTAL</b> 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)  
**OORAH! POLITICAL ACTION COMMITTEE**

**A. VANDERBURGH COUNTY REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

Mailing Address 100 NORTH MAIN STREET  
STE 103

City EVANSVILLE State IN Zip Code 47711

Purpose of Disbursement  
EVENT TICKETS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement  
MM / DD / YYYY  
09 / 08 / 2021

FEC Identification Number  
C

Transaction ID : SB21B.I13771

Amount of Each Disbursement this Period  
500.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	49868.28

**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 checked="" 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)  
**OORAH! POLITICAL ACTION COMMITTEE**

**A. YOCHA DEHE WINTUN NATION**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 18

City **BROOKS** State **CA** Zip Code **95606**

Purpose of Disbursement **CONTRIBUTION REFUND**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **09 / 23 / 2021**

FEC Identification Number: **C**

**Transaction ID : SB28A.I1381**

Amount of Each Disbursement this Period: **2500.00**

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: **C**

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: **C**

Amount of Each Disbursement this Period:

Memo Item

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

**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)  
**OORAH! POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF MICHELLE DAVIS</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2021	
Mailing Address P.O. BOX 882		FEC Identification Number C [ ] <b>Transaction ID : SB29.I13779</b> Amount of Each Disbursement this Period [ ] 250.00	
City GREENWOOD	State IN	Zip Code 46142	Category/ Type [ ]
Purpose of Disbursement POLITICAL CONTRIBUTION		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>B. FRIENDS OF TIM O'BRIEN</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2021	
Mailing Address 6501 E. OAK ST		FEC Identification Number C [ ] <b>Transaction ID : SB29.I13782</b> Amount of Each Disbursement this Period [ ] 250.00	
City EVANSVILLE	State IN	Zip Code 47715	Category/ Type [ ]
Purpose of Disbursement POLITICAL CONTRIBUTION		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>C. FRIENDS OF RANDY FRYE</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2021	
Mailing Address 4704 S US 421		FEC Identification Number C [ ] <b>Transaction ID : SB29.I13783</b> Amount of Each Disbursement this Period [ ] 500.00	
City GREENSBURG	State IN	Zip Code 47240	Category/ Type [ ]
Purpose of Disbursement POLITICAL CONTRIBUTION		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
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		[ ] 1000.00	
<b>TOTAL</b> 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)  
**OORAH! POLITICAL ACTION COMMITTEE**

**A. FRIENDS OF TERA KLUTZ**

Full Name (Last, First, Middle Initial)  
Mailing Address 101 W. OHIO STREET SUITE 2200

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement POLITICAL CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 09 / 23 / 2021

FEC Identification Number: C

Transaction ID : SB29.I13805

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2000.00