

# 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**  
**MISSION FIRST PEOPLE ALWAYS PAC**

ADDRESS (number and street) **PO BOX 2713**  
 Check if different than previously reported. (ACC) **FARMINGTON HILLS MI 48333**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00774588** 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  /  /  2022 through  /  /  2022

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

Signature of Treasurer CRATE, BRADLEY, T., MR., [Electronically Filed] Date  /  /  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.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**MISSION FIRST PEOPLE ALWAYS 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"/>		16868.91
(b) Cash on Hand at Beginning of Reporting Period.....	15001.96	
(c) Total Receipts (from Line 19) .....	6264.00	7399.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	21265.96	24268.47
7. Total Disbursements (from Line 31).....	17050.49	20053.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4215.47	4215.47
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

**MISSION FIRST PEOPLE ALWAYS 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).....	450.00	525.00
(ii) Unitemized .....	814.00	1874.56
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1264.00	2399.56
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	6264.00	7399.56
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)).....▶	6264.00	7399.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6264.00	7399.56

**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 .....	8150.49	11153.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	8150.49	11153.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8900.00	8900.00
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	0.00
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)) ..	17050.49	20053.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17050.49	20053.00

**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) .....	6264.00	7399.56
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6264.00	7399.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	8150.49	11153.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	8150.49	11153.00

**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 6 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MISSION FIRST PEOPLE ALWAYS PAC**

**A. GREINER, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12491 WELCH ROAD  
 City BRITTON State MI Zip Code 49229  
 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 ▼ 210.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11A1.8235**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 EARMARKED THROUGH WINRED [SA11A1.8182]

**B. HOFFMAN, JANET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1161 N. LAKESHORE DR.  
 City LUDINGTON State MI Zip Code 49431  
 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 ▼ 250.00

Date of Receipt 05 / 30 / 2022  
**Transaction ID : SA11A1.8215**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 EARMARKED THROUGH WINRED [SA11A1.8110]

**C. HOFFMAN, JANET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1161 N. LAKESHORE DR.  
 City LUDINGTON State MI Zip Code 49431  
 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 ▼ 300.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11A1.8234**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 EARMARKED THROUGH WINRED [SA11A1.8182]

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<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 7 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MISSION FIRST PEOPLE ALWAYS PAC**

**A. MORIARITY, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2024 SOUTH DAVIS CIRCLE  
 City MESA State AZ Zip Code 85210  
 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 ▼ 300.00

Date of Receipt 04 / 30 / 2022  
**Transaction ID : SA11A1.8199**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 EARMARKED THROUGH WINRED [SA11A1.8103]

**B. MORIARITY, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2024 SOUTH DAVIS CIRCLE  
 City MESA State AZ Zip Code 85210  
 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 ▼ 375.00

Date of Receipt 05 / 30 / 2022  
**Transaction ID : SA11A1.8214**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 EARMARKED THROUGH WINRED [SA11A1.8110]

**C. MORIARITY, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2024 SOUTH DAVIS CIRCLE  
 City MESA State AZ Zip Code 85210  
 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 ▼ 450.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11A1.8233**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 EARMARKED THROUGH WINRED [SA11A1.8182]

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<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 8 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**MISSION FIRST PEOPLE ALWAYS PAC**

**A. SCHILLING, ABBY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5795 SCOTTDAL ROAD  
 City ST. JOSEPH State MI Zip Code 49085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) FARMING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 30 / 2022  
**Transaction ID : SA11A1.8218**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 EARMARKED THROUGH WINRED [SA11A1.8110]

**B. SCHILLING, ABBY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5795 SCOTTDAL ROAD  
 City ST. JOSEPH State MI Zip Code 49085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) FARMING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11A1.8237**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 EARMARKED THROUGH WINRED [SA11A1.8182]

**C. 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  
 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 ▼ 861.87

Date of Receipt 04 / 06 / 2022  
**Transaction ID : SA11A1.8096**  
 Amount of Each Receipt this Period 4.55  
 Memo Item  
 TOTAL EARMARKED THROUGH CONDUIT: PAC LIMIT NOT AFFECTED: ITEMIZED IF REQUIRED

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**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 28
	<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

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NAME OF COMMITTEE (In Full)  
**MISSION FIRST PEOPLE ALWAYS PAC**

**A. 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
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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 ▼  
884.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2022

**Transaction ID : SA11AI.8097**

Amount of Each Receipt this Period  
22.76

Memo Item  
 TOTAL EARMARKED THROUGH CONDUIT: PAC  
 LIMIT NOT AFFECTED: ITEMIZED IF REQUIRED

**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
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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 ▼  
898.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		13		2022

**Transaction ID : SA11AI.8098**

Amount of Each Receipt this Period  
13.66

Memo Item  
 TOTAL EARMARKED THROUGH CONDUIT: PAC  
 LIMIT NOT AFFECTED: ITEMIZED IF REQUIRED

**C. 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
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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 ▼  
971.08

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2022

**Transaction ID : SA11AI.8099**

Amount of Each Receipt this Period  
72.79

Memo Item  
 TOTAL EARMARKED THROUGH CONDUIT: PAC  
 LIMIT NOT AFFECTED: ITEMIZED IF REQUIRED

<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 10 OF 28
<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)  
**MISSION FIRST PEOPLE ALWAYS PAC**

**A. 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
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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 ▼  
999.31

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2022

**Transaction ID : SA11AI.8100**

Amount of Each Receipt this Period  
28.23

Memo Item  
**TOTAL EARMARKED THROUGH CONDUIT: PAC LIMIT NOT AFFECTED: ITEMIZED IF REQUIRED**

**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
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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 ▼  
1022.07

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2022

**Transaction ID : SA11AI.8101**

Amount of Each Receipt this Period  
22.76

Memo Item  
**TOTAL EARMARKED THROUGH CONDUIT: PAC LIMIT NOT AFFECTED: ITEMIZED IF REQUIRED**

**C. 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
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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 ▼  
1035.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2022

**Transaction ID : SA11AI.8102**

Amount of Each Receipt this Period  
13.66

Memo Item  
**TOTAL EARMARKED THROUGH CONDUIT: PAC LIMIT NOT AFFECTED: ITEMIZED IF REQUIRED**

<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 11 OF 28
	<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	

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NAME OF COMMITTEE (In Full)  
**MISSION FIRST PEOPLE ALWAYS PAC**

**A. 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
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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 ▼  
1290.69

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2022

**Transaction ID : SA11Al.8103**

Amount of Each Receipt this Period  
254.96

Memo Item  
 TOTAL EARMARKED THROUGH CONDUIT: PAC LIMIT NOT AFFECTED: ITEMIZED IF REQUIRED

**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
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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 ▼  
1313.45

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2022

**Transaction ID : SA11Al.8104**

Amount of Each Receipt this Period  
22.76

Memo Item  
 TOTAL EARMARKED THROUGH CONDUIT: PAC LIMIT NOT AFFECTED: ITEMIZED IF REQUIRED

**C. 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
-------------------	-------------	-------------------

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 ▼  
1327.11

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2022

**Transaction ID : SA11Al.8105**

Amount of Each Receipt this Period  
13.66

Memo Item  
 TOTAL EARMARKED THROUGH CONDUIT: PAC LIMIT NOT AFFECTED: ITEMIZED IF REQUIRED

<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 28
<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)  
**MISSION FIRST PEOPLE ALWAYS PAC**

**A. 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
-------------------	-------------	-------------------

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 ▼  
1347.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2022

**Transaction ID : SA11Al.8106**

Amount of Each Receipt this Period  
20.03

Memo Item  
 TOTAL EARMARKED THROUGH CONDUIT: PAC  
 LIMIT NOT AFFECTED: ITEMIZED IF REQUIRED

**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
-------------------	-------------	-------------------

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 ▼  
1369.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2022

**Transaction ID : SA11Al.8107**

Amount of Each Receipt this Period  
22.76

Memo Item  
 TOTAL EARMARKED THROUGH CONDUIT: PAC  
 LIMIT NOT AFFECTED: ITEMIZED IF REQUIRED

**C. 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
-------------------	-------------	-------------------

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 ▼  
1398.13

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 25 / 2022

**Transaction ID : SA11Al.8108**

Amount of Each Receipt this Period  
28.23

Memo Item  
 TOTAL EARMARKED THROUGH CONDUIT: PAC  
 LIMIT NOT AFFECTED: ITEMIZED IF REQUIRED

<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 13 OF 28
<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)  
**MISSION FIRST PEOPLE ALWAYS PAC**

**A. 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
-------------------	-------------	-------------------

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 ▼  
1420.89

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2022

**Transaction ID : SA11Al.8109**

Amount of Each Receipt this Period  
22.76

Memo Item  
 TOTAL EARMARKED THROUGH CONDUIT: PAC LIMIT NOT AFFECTED: ITEMIZED IF REQUIRED

**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
-------------------	-------------	-------------------

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 ▼  
1643.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2022

**Transaction ID : SA11Al.8110**

Amount of Each Receipt this Period  
223.10

Memo Item  
 TOTAL EARMARKED THROUGH CONDUIT: PAC LIMIT NOT AFFECTED: ITEMIZED IF REQUIRED

**C. 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
-------------------	-------------	-------------------

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 ▼  
1671.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2022

**Transaction ID : SA11Al.8111**

Amount of Each Receipt this Period  
27.31

Memo Item  
 TOTAL EARMARKED THROUGH CONDUIT: PAC LIMIT NOT AFFECTED: ITEMIZED IF REQUIRED

<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 14 OF 28
<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)  
**MISSION FIRST PEOPLE ALWAYS PAC**

**A. 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
-------------------	-------------	-------------------

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 ▼  
1694.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2022

**Transaction ID : SA11Al.8112**

Amount of Each Receipt this Period  
22.76

Memo Item  
 TOTAL EARMARKED THROUGH CONDUIT: PAC  
 LIMIT NOT AFFECTED: ITEMIZED IF REQUIRED

**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
-------------------	-------------	-------------------

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 ▼  
1707.72

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2022

**Transaction ID : SA11Al.8113**

Amount of Each Receipt this Period  
13.66

Memo Item  
 TOTAL EARMARKED THROUGH CONDUIT: PAC  
 LIMIT NOT AFFECTED: ITEMIZED IF REQUIRED

**C. 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
-------------------	-------------	-------------------

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 ▼  
1727.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2022

**Transaction ID : SA11Al.8114**

Amount of Each Receipt this Period  
20.03

Memo Item  
 TOTAL EARMARKED THROUGH CONDUIT: PAC  
 LIMIT NOT AFFECTED: ITEMIZED IF REQUIRED

<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 15 OF 28
<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)  
**MISSION FIRST PEOPLE ALWAYS PAC**

**A. 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
-------------------	-------------	-------------------

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 ▼  
1750.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2022

**Transaction ID : SA11Al.8116**

Amount of Each Receipt this Period  
22.76

Memo Item  
 TOTAL EARMARKED THROUGH CONDUIT: PAC LIMIT NOT AFFECTED: ITEMIZED IF REQUIRED

**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
-------------------	-------------	-------------------

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 ▼  
1801.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2022

**Transaction ID : SA11Al.8117**

Amount of Each Receipt this Period  
50.99

Memo Item  
 TOTAL EARMARKED THROUGH CONDUIT: PAC LIMIT NOT AFFECTED: ITEMIZED IF REQUIRED

**C. 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
-------------------	-------------	-------------------

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 ▼  
2015.49

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2022

**Transaction ID : SA11Al.8182**

Amount of Each Receipt this Period  
213.99

Memo Item  
 TOTAL EARMARKED THROUGH CONDUIT: PAC LIMIT NOT AFFECTED: ITEMIZED IF REQUIRED

<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: PAGE 16 OF 28  
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MISSION FIRST PEOPLE ALWAYS PAC**

**A. 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
-------------------	-------------	-------------------

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 ▼  
2038.25

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2022

**Transaction ID : SA11A1.8183**

Amount of Each Receipt this Period  
22.76

Memo Item  
TOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTED: ITEMIZED IF REQUIRED

**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).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	450.00



**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 17 OF 28
<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)  
**MISSION FIRST PEOPLE ALWAYS PAC**

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

Mailing Address PO BOX 23219

City JEFFERSON	State LA	Zip Code 70183
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		14		2022

**Transaction ID : SA11C.8227**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

**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)

**MISSION FIRST PEOPLE ALWAYS PAC**

Full Name (Last, First, Middle Initial)

**A. DICKINSON WRIGHT PLLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2022

Mailing Address 1825 EYE STREET NW  
SUITE 900

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement  
LEGAL CONSULTING

FEC Identification Number

C [ ]

Transaction ID : SB21B.8119  
Amount of Each Disbursement this Period

[ ] 506.50

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. DICKINSON WRIGHT PLLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2022

Mailing Address 1825 EYE STREET NW  
SUITE 900

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement  
LEGAL CONSULTING

FEC Identification Number

C [ ]

Transaction ID : SB21B.8120  
Amount of Each Disbursement this Period

[ ] 127.50

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. IMGE LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		06		2022

Mailing Address 108 SOUTH WASHINGTON ST  
3RD FLOOR

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
DIGITAL CONSULTING

FEC Identification Number

C [ ]

Transaction ID : SB21B.8138  
Amount of Each Disbursement this Period

[ ] 3297.86

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

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

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

[ ] 3931.86

[ ]

**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)  
**MISSION FIRST PEOPLE ALWAYS PAC**

Full Name (Last, First, Middle Initial)

**A. IMAGE LLC**

Mailing Address 108 SOUTH WASHINGTON ST  
3RD FLOOR

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FUNDRAISING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2022

FEC Identification Number

C  
Transaction ID : SB21B.8132  
Amount of Each Disbursement this Period  
1.25

Memo Item

Full Name (Last, First, Middle Initial)

**B. IMAGE LLC**

Mailing Address 108 SOUTH WASHINGTON ST  
3RD FLOOR

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FUNDRAISING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 12 / 2022

FEC Identification Number

C  
Transaction ID : SB21B.8133  
Amount of Each Disbursement this Period  
0.75

Memo Item

Full Name (Last, First, Middle Initial)

**C. IMAGE LLC**

Mailing Address 108 SOUTH WASHINGTON ST  
3RD FLOOR

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FUNDRAISING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 19 / 2022

FEC Identification Number

C  
Transaction ID : SB21B.8134  
Amount of Each Disbursement this Period  
1.10

Memo Item

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

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

3.10

**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)  
**MISSION FIRST PEOPLE ALWAYS PAC**

Full Name (Last, First, Middle Initial)

**A. IMG E LLC**

Mailing Address 108 SOUTH WASHINGTON ST  
3RD FLOOR

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FUNDRAISING FEES

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.8135  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. IMG E LLC**

Mailing Address 108 SOUTH WASHINGTON ST  
3RD FLOOR

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FUNDRAISING FEES

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.8136  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. IMG E LLC**

Mailing Address 108 SOUTH WASHINGTON ST  
3RD FLOOR

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FUNDRAISING FEES

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.8137  
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)  
**MISSION FIRST PEOPLE ALWAYS PAC**

Full Name (Last, First, Middle Initial)

**A. IMAGE LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		03		2022

Mailing Address 108 SOUTH WASHINGTON ST  
3RD FLOOR

FEC Identification Number

C [REDACTED]

City ALEXANDRIA State VA Zip Code 22314

**Transaction ID : SB21B.8139**  
Amount of Each Disbursement this Period

Purpose of Disbursement  
FUNDRAISING FEES

[REDACTED]

[REDACTED] 12.25

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. IMAGE LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		06		2022

Mailing Address 108 SOUTH WASHINGTON ST  
3RD FLOOR

FEC Identification Number

C [REDACTED]

City ALEXANDRIA State VA Zip Code 22314

**Transaction ID : SB21B.8140**  
Amount of Each Disbursement this Period

Purpose of Disbursement  
FUNDRAISING FEES

[REDACTED]

[REDACTED] 1.50

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. IMAGE LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2022

Mailing Address 108 SOUTH WASHINGTON ST  
3RD FLOOR

FEC Identification Number

C [REDACTED]

City ALEXANDRIA State VA Zip Code 22314

**Transaction ID : SB21B.8141**  
Amount of Each Disbursement this Period

Purpose of Disbursement  
FUNDRAISING FEES

[REDACTED]

[REDACTED] 1.25

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

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

[REDACTED] 15.00

**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)  
**MISSION FIRST PEOPLE ALWAYS PAC**

Full Name (Last, First, Middle Initial)

**A. IMG E LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		13		2022

Mailing Address 108 SOUTH WASHINGTON ST  
3RD FLOOR

FEC Identification Number

C [REDACTED]

City ALEXANDRIA State VA Zip Code 22314

Transaction ID : SB21B.8142  
Amount of Each Disbursement this Period

Purpose of Disbursement  
FUNDRAISING FEES

[REDACTED]

[REDACTED] 0.75

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. IMG E LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2022

Mailing Address 108 SOUTH WASHINGTON ST  
3RD FLOOR

FEC Identification Number

C [REDACTED]

City ALEXANDRIA State VA Zip Code 22314

Transaction ID : SB21B.8143  
Amount of Each Disbursement this Period

Purpose of Disbursement  
FUNDRAISING FEES

[REDACTED]

[REDACTED] 1.10

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. IMG E LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2022

Mailing Address 108 SOUTH WASHINGTON ST  
3RD FLOOR

FEC Identification Number

C [REDACTED]

City ALEXANDRIA State VA Zip Code 22314

Transaction ID : SB21B.8144  
Amount of Each Disbursement this Period

Purpose of Disbursement  
FUNDRAISING FEES

[REDACTED]

[REDACTED] 1.25

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

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

[REDACTED] 3.10

**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)  
**MISSION FIRST PEOPLE ALWAYS PAC**

Full Name (Last, First, Middle Initial)

**A. IMGE LLC**

Mailing Address 108 SOUTH WASHINGTON ST  
3RD FLOOR

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FUNDRAISING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2022

FEC Identification Number

C  
Transaction ID : SB21B.8145  
Amount of Each Disbursement this Period  
2.80

Memo Item

Full Name (Last, First, Middle Initial)

**B. RED CURVE SOLUTIONS**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2022

FEC Identification Number

C  
Transaction ID : SB21B.8146  
Amount of Each Disbursement this Period  
3060.95

Memo Item

Full Name (Last, First, Middle Initial)

**C. RED CURVE SOLUTIONS**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2022

FEC Identification Number

C  
Transaction ID : SB21B.8147  
Amount of Each Disbursement this Period  
1012.33

Memo Item

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

4076.08

**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)  
**MISSION FIRST PEOPLE ALWAYS PAC**

Full Name (Last, First, Middle Initial) <b>A. WINRED TECHNICAL SERVICES, LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2022
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8172</b>
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES		Amount of Each Disbursement this Period 9.65
Candidate Name		Memo Item <input type="checkbox"/>
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>B. WINRED TECHNICAL SERVICES, LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 06 / 2022
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8173</b>
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES		Amount of Each Disbursement this Period 1.19
Candidate Name		Memo Item <input type="checkbox"/>
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>C. WINRED TECHNICAL SERVICES, LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 09 / 2022
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8174</b>
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES		Amount of Each Disbursement this Period 0.99
Candidate Name		Memo Item <input type="checkbox"/>
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)..... ▶

11.83

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MISSION FIRST PEOPLE ALWAYS PAC**

Full Name (Last, First, Middle Initial) <b>A. WINRED TECHNICAL SERVICES, LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2022
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8175</b> Amount of Each Disbursement this Period 0.59
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT 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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. WINRED TECHNICAL SERVICES, LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2022
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8176</b> Amount of Each Disbursement this Period 0.87
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT 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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. WINRED TECHNICAL SERVICES, LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2022
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8177</b> Amount of Each Disbursement this Period 0.99
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT 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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2.45
<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)  
**MISSION FIRST PEOPLE ALWAYS PAC**

**A. WINRED TECHNICAL SERVICES, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD  
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 24 / 2022

FEC Identification Number: C

Transaction ID : SB21B.8178

Amount of Each Disbursement this Period: 2.21

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2.21
<b>TOTAL</b> This Period (last page this line number only).....▶	8049.68

**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 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)  
**MISSION FIRST PEOPLE ALWAYS PAC**

Full Name (Last, First, Middle Initial) <b>A. RON JOHNSON FOR SENATE, INC.</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2022
Mailing Address PO BOX 1159		FEC Identification Number C00482984 <b>Transaction ID : SB23.8149</b>
City OSHKOSH	State WI	Zip Code 54903
Purpose of Disbursement FEDERAL CONTRIBUTION		Amount of Each Disbursement this Period 2900.00
Candidate Name <b>JOHNSON, RON HAROLD MR., , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" 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: WI	District: 00	

Full Name (Last, First, Middle Initial) <b>B. RON JOHNSON FOR SENATE, INC.</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2022
Mailing Address PO BOX 1159		FEC Identification Number C00482984 <b>Transaction ID : SB23.8150</b>
City OSHKOSH	State WI	Zip Code 54903
Purpose of Disbursement FEDERAL CONTRIBUTION		Amount of Each Disbursement this Period 2100.00
Candidate Name <b>JOHNSON, RON HAROLD MR., , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" 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: WI	District: 00	

Full Name (Last, First, Middle Initial) <b>C. TOM BARRETT FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2022
Mailing Address PO BOX 15221		FEC Identification Number C00793976 <b>Transaction ID : SB23.8152</b>
City LANSING	State MI	Zip Code 48901
Purpose of Disbursement FEDERAL CONTRIBUTION		Amount of Each Disbursement this Period 2900.00
Candidate Name <b>BARRETT, THOMAS MORE, , ,</b>		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: MI	District: 07	

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

7900.00

**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
<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)  
**MISSION FIRST PEOPLE ALWAYS PAC**

**A. VAN ORDEN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 565

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2022

City  
PRAIRIE DU CHIEN

State  
WI

Zip Code  
53821

FEC Identification Number

Purpose of Disbursement  
FEDERAL CONTRIBUTION

C	C00742007
---	-----------

**Transaction ID : SB23.8154**

Candidate Name

**VAN ORDEN, DERRICK F. MR., , ,**

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

1000.00
---------

State: WI District: 03

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y Y

City

State

Zip Code

FEC Identification Number

Purpose of Disbursement

C	
---	--

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

--

State: District:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y Y

City

State

Zip Code

FEC Identification Number

Purpose of Disbursement

C	
---	--

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

--

State: District:

Memo Item

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

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

1000.00
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8900.00
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