

**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

C3 PAC

ADDRESS (number and street)

1390 CHAIN BRIDGE RD

SUITE 515

Check if different
than previously
reported. (ACC)

MCLEAN

VA

22101

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00680314

3. IS THIS
REPORTNEW
(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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
05 01 2021

through

M M M / D D D / Y Y Y Y Y Y
05 31 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

OZANUS, WILLIAM, K, ,

Type or Print Name of Treasurer

Signature of Treasurer

OZANUS, WILLIAM, K, ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
06 16 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.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

C3 PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
05		01		2021

To:

M M	/	D D	/	Y Y Y Y Y
05		31		2021

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2021</td></tr></table>	Y	Y	Y	Y	Y	2021						<table><tr><td colspan="5">39364.47</td></tr></table>	39364.47				
Y	Y	Y	Y	Y													
2021																	
39364.47																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">14238.75</td></tr></table>	14238.75															
14238.75																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">12161.20</td></tr></table>	12161.20					<table><tr><td colspan="5">70275.60</td></tr></table>	70275.60									
12161.20																	
70275.60																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">26399.95</td></tr></table>	26399.95					<table><tr><td colspan="5">109640.07</td></tr></table>	109640.07									
26399.95																	
109640.07																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">16753.61</td></tr></table>	16753.61					<table><tr><td colspan="5">99993.73</td></tr></table>	99993.73									
16753.61																	
99993.73																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">9646.34</td></tr></table>	9646.34					<table><tr><td colspan="5">9646.34</td></tr></table>	9646.34									
9646.34																	
9646.34																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

C3 PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
05		01		2021

To:

M M	/	D D	/	Y Y Y Y
05		31		2021

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).....

4671.00

13461.60

(ii) Unitemized

7490.20

56814.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

12161.20

70275.60

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

12161.20

70275.60

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))

12161.20

70275.60

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

12161.20

70275.60

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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	16753.61	68526.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	16753.61	68526.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	31467.00
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)) ..	16753.61	99993.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16753.61	99993.73

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	12161.20	70275.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12161.20	70275.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	16753.61	68526.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	16753.61	68526.73

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

C3 PAC

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

A. ACOSTA, RAUL, , ,

Mailing Address 6814 NEW MELONES CIRCLE

City
DISCOVERY BAY

State
CA

Zip Code
94505

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USPS

Occupation (for Individual)
POSTMASTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 25 / 2021

Transaction ID : SA11AI.39556

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

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

B. ALMON, JEANETTE, , ,

Mailing Address 5025 WOODMEADOW DR

City
FORT WORTH

State
TX

Zip Code
76135

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
LPCS (LIC PROF COUNSELOR)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.39467

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. ANDERSON, LEONARD, , ,

Mailing Address 18 DOLCE LUNA COURT

City
HENDERSON

State
NV

Zip Code
89011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2021

Transaction ID : SA11AI.39512

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

245.00

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)

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. BALDWIN, PAMELA, , ,

Mailing Address 119 12TH ST

City
DEL MAR

State
CA

Zip Code
92017

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2021

Transaction ID : SA11AI.39540

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

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

B. BALTHASAR, SUSAN, , ,

Mailing Address 19636 GULF BLVD.

City
INDIAN SHORES

State
FL

Zip Code
33785

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

M M / D D / Y Y Y Y Y Y
05 / 13 / 2021

Transaction ID : SA11AI.39201

Amount of Each Receipt this Period

60.00

☐ Memo Item
CONTRIBUTION

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

C. BARKLEY, MARYBETH, , ,

Mailing Address 555CARTER125

City
FREMONT

State
MO

Zip Code
63941

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE++

Occupation (for Individual)
DISABLED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 09 / 2021

Transaction ID : SA11AI.39074

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

120.00

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)

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. BARKLEY, MARYBETH, , ,

Mailing Address 555CARTER125

City
FREMONT

State
MO

Zip Code
63941

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE++

Occupation (for Individual)

DISABLED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2021

Transaction ID : SA11AI.39233

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

B. BARKLEY, MARYBETH, , ,

Mailing Address 555CARTER125

City
FREMONT

State
MO

Zip Code
63941

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE++

Occupation (for Individual)

DISABLED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2021

Transaction ID : SA11AI.39444

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

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

C. BARKLEY, MARYBETH, , ,

Mailing Address 555CARTER125

City
FREMONT

State
MO

Zip Code
63941

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE++

Occupation (for Individual)

DISABLED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2021

Transaction ID : SA11AI.39443

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

30.00

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)

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. BARKLEY, MARYBETH, , ,

Mailing Address 555CARTER125

City
FREMONT

State
MO

Zip Code
63941

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE++

Occupation (for Individual)

DISABLED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2021

Transaction ID : SA11AI.39442

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

B. BLOUNT, KEVIN, , ,

Mailing Address 5553 WETLANDS DR

City

FREDERICK

State

CO

Zip Code

80504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

CAROUSEL INDUSTRIES

Occupation (for Individual)

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2021

Transaction ID : SA11AI.39492

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. BROCCINI, SHIRLEY, , ,

Mailing Address 241 WELLS CT

City

RIPON

State

CA

Zip Code

95366

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

M M / D D / Y Y Y Y Y Y
05 / 12 / 2021

Transaction ID : SA11AI.39292

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

115.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. BROUHARD, JEANINE, , ,

Mailing Address 9247 SEPULVEDA BOULEVARD

22

City

NORTH HILLS

State

CA

Zip Code

91343

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2021

Transaction ID : SA11AI.39123

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

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

B. BROUHARD, JEANINE, , ,

Mailing Address 9247 SEPULVEDA BOULEVARD

22

City

NORTH HILLS

State

CA

Zip Code

91343

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 ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2021

Transaction ID : SA11AI.39279

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

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

C. BROUHARD, JEANINE, , ,

Mailing Address 9247 SEPULVEDA BOULEVARD

22

City

NORTH HILLS

State

CA

Zip Code

91343

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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 17 / 2021

Transaction ID : SA11AI.39278

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. BROUHARD, JEANINE, , ,

Mailing Address 9247 SEPULVEDA BOULEVARD

22

City

NORTH HILLS

State

CA

Zip Code

91343

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.39532

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

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

B. BROUHARD, JEANINE, , ,

Mailing Address 9247 SEPULVEDA BOULEVARD

22

City

NORTH HILLS

State

CA

Zip Code

91343

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

448.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2021

Transaction ID : SA11AI.39530

Amount of Each Receipt this Period

8.00

☐ Memo Item
CONTRIBUTION

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

C. BROUHARD, JEANINE, , ,

Mailing Address 9247 SEPULVEDA BOULEVARD

22

City

NORTH HILLS

State

CA

Zip Code

91343

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2021

Transaction ID : SA11AI.39531

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. BRYANT, CONNIE, , ,

Mailing Address 145 BLACKHAWK LSNE

City

SEDONSEDONSA

State

AZ

Zip Code

86336

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

M M / D D / Y Y Y Y Y Y
05 / 31 / 2021

Transaction ID : SA11AI.39508

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. BYELICK, STEPHEN, , ,

Mailing Address 864 BASSWOOD LANE

City

EAGAN

State

MN

Zip Code

55123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALLIANCE BANK

Occupation (for Individual)

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2021

Transaction ID : SA11AI.39064

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. BYELICK, STEPHEN, , ,

Mailing Address 864 BASSWOOD LANE

City

EAGAN

State

MN

Zip Code

55123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALLIANCE BANK

Occupation (for Individual)

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2021

Transaction ID : SA11AI.39426

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. CARMICHAEL, STEPHANIE, , ,

Mailing Address 63215 CIMARRON DR

City
BEND

State
OR

Zip Code
97701

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 14 / 2021

Transaction ID : SA11Al.39295

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. CARMICHAEL, STEPHANIE, , ,

Mailing Address 63215 CIMARRON DR

City
BEND

State
OR

Zip Code
97701

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 14 / 2021

Transaction ID : SA11Al.39296

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

C. CASSIDY, AL, , ,

Mailing Address 2954 PLANTATION ROAD

City
WINTER HAVEN

State
FL

Zip Code
33884

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
REAL ESTATE DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2021

Transaction ID : SA11Al.39040

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

165.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. CHEATHAM, NANCY, M, ,

Mailing Address 811 WEST GRAY STREET

City
HOUSTON

State
TX

Zip Code
77019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COMMAND VENTURES INC

Occupation (for Individual)
COMPTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1030.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2021

Transaction ID : SA11AI.39473

Amount of Each Receipt this Period

110.00

☐ Memo Item
CONTRIBUTION

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

B. CHEATHAM, NANCY, M, ,

Mailing Address 811 WEST GRAY STREET

City
HOUSTON

State
TX

Zip Code
77019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COMMAND VENTURES INC

Occupation (for Individual)
COMPTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 24 / 2021

Transaction ID : SA11AI.39472

Amount of Each Receipt this Period

120.00

☐ Memo Item
CONTRIBUTION

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

C. CLEVELAND, SUE, , ,

Mailing Address P. O. BOX 8511

City
LUMBERTON

State
TX

Zip Code
77657

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CLEVECO CONSTRUCTION CO.

Occupation (for Individual)
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2021

Transaction ID : SA11AI.39091

Amount of Each Receipt this Period

60.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

290.00

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

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

FOR LINE NUMBER: PAGE 15 OF 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. DEFREECE, MICHAEL, , ,

Mailing Address 8903 DOUGLAS CT

City
OMAHA

State
NE

Zip Code
68114

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

M M / D D / Y Y Y Y Y Y
05 / 16 / 2021

Transaction ID : SA11AI.39237

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. EAD, CHRISTINE, , ,

Mailing Address 158 WASHINGTON DRIVE

City
WATCHUNG

State
NJ

Zip Code
07069

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2021

Transaction ID : SA11AI.38996

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. FAUNTLEROY, KATE, , ,

Mailing Address 8046 NORTH PROMONTORY RANCH ROAD

City
PARK CITY

State
UT

Zip Code
84098

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2021

Transaction ID : SA11AI.39112

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

250.00

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. FIGUEIREDO, JOSE, , ,

Mailing Address 212 DELANCY STREET

City
NEWARK

State
NJ

Zip Code
07105

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2021

Transaction ID : SA11AI.39319

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. FINK, KAREN, , ,

Mailing Address 343 PIERSON RD.

City
SEQUIM

State
WA

Zip Code
98382

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PENINSULA PETCARE

Occupation (for Individual)
DOG GROOMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 12 / 2021

Transaction ID : SA11AI.39301

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. FREUND, KENNETH, , ,

Mailing Address 23457 EAST EXPOSITION AVENUE

City
AURORA

State
CO

Zip Code
80018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2021

Transaction ID : SA11AI.39103

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

175.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. GAMBLE, KENNETH, , ,

Mailing Address 175 HUGUENOT STREET

City

NEW ROCHELLE

State

NY

Zip Code

10801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 07 / 2021

Transaction ID : SA11AI.39002

Amount of Each Receipt this Period

120.00

☐ Memo Item
CONTRIBUTION

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

B. GLASS, JOHN, , ,

Mailing Address 5562 VASSAR DRIVE

City

SAN JOSE

State

CA

Zip Code

95118

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

05 / 01 / 2021

Transaction ID : SA11AI.38985

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

C. GLASS, JOHN, , ,

Mailing Address 5562 VASSAR DRIVE

City

SAN JOSE

State

CA

Zip Code

95118

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 21 / 2021

Transaction ID : SA11AI.39562

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

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

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

180.00

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

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. GLASS, JOHN, , ,

Mailing Address 5562 VASSAR DRIVE

City
SAN JOSE

State
CA

Zip Code
95118

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 ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2021

Transaction ID : SA11AI.39561

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

B. GOMES, LUCIANO, , ,

Mailing Address 551 TWIN LAKE DRIVE

City
SUMMERVILLE

State
SC

Zip Code
29483

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
CONSTRUCTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 17 / 2021

Transaction ID : SA11AI.39187

Amount of Each Receipt this Period

90.00

☐ Memo Item
CONTRIBUTION

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

C. GORE, GEORGE, , ,

Mailing Address 285 BUCKBOARD RD S.E

City
DEMING

State
NM

Zip Code
88030

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2021

Transaction ID : SA11AI.38984

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

130.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. GORE, GEORGE, , ,

Mailing Address 285 BUCKBOARD RD S.E

City
DEMING

State
NM

Zip Code
88030

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

M M / D D / Y Y Y Y Y Y
05 / 08 / 2021

Transaction ID : SA11AI.39119

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. GWALTNEY, ROSALIE, , ,

Mailing Address 1531 N. MAIN STREET

City
LOVINGTON

State
NM

Zip Code
88260

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOR-LEA REGIONAL HOSPITAL

Occupation (for Individual)
NURSE ANESTHETIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 05 / 2021

Transaction ID : SA11AI.39120

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. GWALTNEY, ROSALIE, , ,

Mailing Address 1531 N. MAIN STREET

City
LOVINGTON

State
NM

Zip Code
88260

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOR-LEA REGIONAL HOSPITAL

Occupation (for Individual)
NURSE ANESTHETIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2021

Transaction ID : SA11AI.39511

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

175.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. HENSELER, UDO, , ,

Mailing Address 2901 SW 117TH AVE.

City
DAVIEState
FLZip Code
33330FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2021

Transaction ID : SA11AI.39039

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

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

B. HENSELER, UDO, , ,

Mailing Address 2901 SW 117TH AVE.

City
DAVIEState
FLZip Code
33330FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2021

Transaction ID : SA11AI.39196

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. HUBBARD, JEREMIAH, , ,

Mailing Address 9500 WEST BAYWATER CT

City
CRYSTAL RIVERState
FLZip Code
34423FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NCOOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2021

Transaction ID : SA11AI.39043

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

105.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. JACKSON, THOMAS, , ,

Mailing Address 1111 MORSE AVENUE, SPC 120

City
SUNNYVALE

State
CA

Zip Code
94089

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2021

Transaction ID : SA11AI.39554

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

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

B. JOHNSON, RALPH, , ,

Mailing Address 14806 WEST SKY HAWK DRIVE

City
SUN CITY WEST

State
AZ

Zip Code
85375

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RD JOHNSON

Occupation (for Individual)
PUBLIC ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 14 / 2021

Transaction ID : SA11AI.39268

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. JOHNSON, RALPH, , ,

Mailing Address 14806 WEST SKY HAWK DRIVE

City
SUN CITY WEST

State
AZ

Zip Code
85375

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RD JOHNSON

Occupation (for Individual)
PUBLIC ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2021

Transaction ID : SA11AI.39506

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

120.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. JONES, CHARLES, , ,

Mailing Address 4505 LITTLE RIVER ROAD

City
BIRMINGHAM

State
AL

Zip Code
35213

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BLUESTONE COKE, LLC

Occupation (for Individual)
ENVIRONMENTAL CHEMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 10 / 2021

Transaction ID : SA11AI.39044

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. KUHLEWEIN, HELEN, , ,

Mailing Address 7819 PATTERSON RD

City
HILLIARD

State
OH

Zip Code
43026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 23 / 2021

Transaction ID : SA11AI.39403

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. LANE, JOSEPH, , ,

Mailing Address 4027 N MONROE AVE

City
KANSAS CITY

State
MO

Zip Code
64117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FORD MOTOR COMPANY

Occupation (for Individual)
TEAM LEADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 16 / 2021

Transaction ID : SA11AI.39235

Amount of Each Receipt this Period

60.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

260.00

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

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

FOR LINE NUMBER: PAGE 23 OF 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. LEON, GUIDO, , ,

Mailing Address 4901 QUAIL RUN

City
LAS CRUCES

State
NM

Zip Code
88011

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2021

Transaction ID : SA11AI.39509

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

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

B. LEON, GUIDO, , ,

Mailing Address 4901 QUAIL RUN

City
LAS CRUCES

State
NM

Zip Code
88011

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2021

Transaction ID : SA11AI.39510

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

C. LEWIS, DALE, , ,

Mailing Address 6203 HIGHCROFT DRIVE

City
NAPLES

State
FL

Zip Code
34119

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFC

Occupation (for Individual)
RN/ADMIN ASST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 17 / 2021

Transaction ID : SA11AI.39203

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

120.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. MACKEY, SUSAN, , ,

Mailing Address 2316 NORTH PATTERSON STREET

City
VALDOSTA

State
GA

Zip Code
31602

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2021

Transaction ID : SA11AI.39032

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. MASON, JUANITA, , ,

Mailing Address 414 WATER ST APT 2402

City
BALTIMORE

State
MD

Zip Code
21202

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 ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2021

Transaction ID : SA11AI.39018

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. MASON, JUANITA, , ,

Mailing Address 414 WATER ST APT 2402

City
BALTIMORE

State
MD

Zip Code
21202

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 ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 12 / 2021

Transaction ID : SA11AI.39181

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

200.00

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

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

FOR LINE NUMBER: PAGE 25 OF 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. MCGETTIGAN, LIDIA, , ,

Mailing Address 11 LAWNSIDE RD

City
CHELTENHAM

State
PA

Zip Code
19012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EXPRESS BUSINESS

Occupation (for Individual)
TAX ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2021

Transaction ID : SA11AI.39011

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. MCGETTIGAN, LIDIA, , ,

Mailing Address 11 LAWNSIDE RD

City
CHELTENHAM

State
PA

Zip Code
19012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EXPRESS BUSINESS

Occupation (for Individual)
TAX ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2021

Transaction ID : SA11AI.39174

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

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

C. MORGAN, CONNIE JO, , ,

Mailing Address P. O. BOX 93

City
FRANKLIN

State
IL

Zip Code
62638

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2021

Transaction ID : SA11AI.39073

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

145.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. MORGAN, CONNIE JO, , ,

Mailing Address P. O. BOX 93

City
FRANKLINState
ILZip Code
62638FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2021

Transaction ID : SA11AI.39232

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

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

B. MOUNTCASTLE, MANUELA, , ,

Mailing Address 3250 ONEAL CR. APT C15

City
BOULDERState
COZip Code
80301FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TALEM HOME CAREOccupation (for Individual)
CAREGIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2021

Transaction ID : SA11AI.39105

Amount of Each Receipt this Period

60.00

☐ Memo Item
CONTRIBUTION

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

C. NOBLE, LAWRENCE, , ,

Mailing Address 567 W.CHANNEL ISLANDS BLVD.

City
PORT HUENEMEState
CAZip Code
93041FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 19 / 2021

Transaction ID : SA11AI.39549

Amount of Each Receipt this Period

90.00

☐ Memo Item
CONTRIBUTION

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

170.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. OLMSCHIED, PATRICIA, , ,

Mailing Address 6161 FAIRVIEW PL

City
AGOURA HILLS

State
CA

Zip Code
91301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
HORSE TRAINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2021

Transaction ID : SA11AI.39277

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

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

B. OLMSCHIED, PATRICIA, , ,

Mailing Address 6161 FAIRVIEW PL

City
AGOURA HILLS

State
CA

Zip Code
91301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
HORSE TRAINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2021

Transaction ID : SA11AI.39529

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

C. OLMSCHIED, PATRICIA, , ,

Mailing Address 6161 FAIRVIEW PL

City
AGOURA HILLS

State
CA

Zip Code
91301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
HORSE TRAINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2021

Transaction ID : SA11AI.39528

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

60.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. OWEN, PHILLIP, , ,

Mailing Address 21 SOUTH RANDOLPH AVENUE

City

KISSIMMEE

State

FL

Zip Code

34741

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

REAL ESTATE DEV

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 19 / 2021

Transaction ID : SA11AI.39388

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. OWEN, PHILLIP, , ,

Mailing Address 21 SOUTH RANDOLPH AVENUE

City

KISSIMMEE

State

FL

Zip Code

34741

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

REAL ESTATE DEV

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 19 / 2021

Transaction ID : SA11AI.39389

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. PARKS, PAUL, , ,

Mailing Address 4230 CAMINO TICINO

City

SAN DIEGO

State

CA

Zip Code

92122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

GENERAL ATOMICS

Occupation (for Individual)

PHYSICIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2021

Transaction ID : SA11AI.39284

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

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

95.00

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

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. PAULOS, BARBARA, , ,

Mailing Address 4760 HIGHLAND DRIVE

City

SALT LAKE CITY

State

UT

Zip Code

84117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 11 / 2021

Transaction ID : SA11AI.39113

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

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

B. PAULOS, BARBARA, , ,

Mailing Address 4760 HIGHLAND DRIVE

City

SALT LAKE CITY

State

UT

Zip Code

84117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2021

Transaction ID : SA11AI.39261

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

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

C. PAULOS, BARBARA, , ,

Mailing Address 4760 HIGHLAND DRIVE

City

SALT LAKE CITY

State

UT

Zip Code

84117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 17 / 2021

Transaction ID : SA11AI.39260

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

55.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. PAULOS, BARBARA, , ,

Mailing Address 4760 HIGHLAND DRIVE

City

SALT LAKE CITY

State

UT

Zip Code

84117

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 ▼

350.00

Date of Receipt

05 / 22 / 2021

Transaction ID : SA11AI.39500

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

B. PEARL, TAMI, , ,

Mailing Address 1533 DOWNING ST

City

HASLETT

State

MI

Zip Code

48840

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 ▼

300.00

Date of Receipt

05 / 19 / 2021

Transaction ID : SA11AI.39415

Amount of Each Receipt this Period

60.00

☐ Memo Item
CONTRIBUTION

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

C. PEARSON, BETSY, , ,

Mailing Address 43623 132ND STREET

City

WEBSTER

State

SD

Zip Code

57274

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 ▼

225.00

Date of Receipt

05 / 15 / 2021

Transaction ID : SA11AI.39227

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

120.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. PHILLIPS, PAULA, , ,

Mailing Address P O BOX 339

City
NUEVO

State
CA

Zip Code
92567

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2021

Transaction ID : SA11AI.39545

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

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

B. PITCHER, SHIRLEY, , ,

Mailing Address 8145 ELIZABETH LANE

City
LA PLATA

State
MD

Zip Code
20646

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 ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 19 / 2021

Transaction ID : SA11AI.39349

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. PITCHER, SHIRLEY, , ,

Mailing Address 8145 ELIZABETH LANE

City
LA PLATA

State
MD

Zip Code
20646

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2021

Transaction ID : SA11AI.39348

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

110.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. POTIGNANO, CINDY, , ,

Mailing Address 16540 E GUNSIGHT DRIVE UNIT 2003

City
PHOENIX

State
AZ

Zip Code
85268

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SOUTHWEST SKIN SPECIALISTS

Occupation (for Individual)
OFFICE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2021

Transaction ID : SA11AI.39266

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

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

B. POTIGNANO, CINDY, , ,

Mailing Address 16540 E GUNSIGHT DRIVE UNIT 2003

City
PHOENIX

State
AZ

Zip Code
85268

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SOUTHWEST SKIN SPECIALISTS

Occupation (for Individual)
OFFICE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 19 / 2021

Transaction ID : SA11AI.39503

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. POTIGNANO, CINDY, , ,

Mailing Address 16540 E GUNSIGHT DRIVE UNIT 2003

City
PHOENIX

State
AZ

Zip Code
85268

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SOUTHWEST SKIN SPECIALISTS

Occupation (for Individual)
OFFICE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2021

Transaction ID : SA11AI.39502

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

60.00

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

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. RESCINITI, RICHARD, , ,

Mailing Address 2761 TAFT ST APT 211

City
HOLLYWOOD

State
FL

Zip Code
33020

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 ▼

226.00

Date of Receipt

05 / 10 / 2021

Transaction ID : SA11AI.39037

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. RESCINITI, RICHARD, , ,

Mailing Address 2761 TAFT ST APT 211

City
HOLLYWOOD

State
FL

Zip Code
33020

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 ▼

246.20

Date of Receipt

05 / 28 / 2021

Transaction ID : SA11AI.39374

Amount of Each Receipt this Period

20.20

☐ Memo Item
CONTRIBUTION

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

C. ROCK, RON, , ,

Mailing Address E. 1593 POLSTON AVE.

City
POST FALLS

State
ID

Zip Code
83854

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 ▼

400.00

Date of Receipt

05 / 16 / 2021

Transaction ID : SA11AI.39258

Amount of Each Receipt this Period

80.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

125.20

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

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. SMALL, BEVERLY, , ,

Mailing Address 409 WEST TYNE DR

City
NASHVILLE

State
TN

Zip Code
37205

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 ▼

282.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2021

Transaction ID : SA11AI.38975

Amount of Each Receipt this Period

40.40

☐ Memo Item
CONTRIBUTION

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

B. SMALL, BEVERLY, , ,

Mailing Address 409 WEST TYNE DR

City
NASHVILLE

State
TN

Zip Code
37205

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 ▼

302.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2021

Transaction ID : SA11AI.39209

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

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

C. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City
LA HABRA

State
CA

Zip Code
90631

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 ▼

1405.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 09 / 2021

Transaction ID : SA11AI.39122

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

85.40

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

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City
LA HABRA

State
CA

Zip Code
90631

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 ▼

1455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2021

Transaction ID : SA11AI.39275

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City
LA HABRA

State
CA

Zip Code
90631

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2021

Transaction ID : SA11AI.39273

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

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

C. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City
LA HABRA

State
CA

Zip Code
90631

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 ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2021

Transaction ID : SA11AI.39274

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

145.00

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

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City
LA HABRA

State
CA

Zip Code
90631

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 ▼

1625.00

Date of Receipt

05 / 17 / 2021

Transaction ID : SA11AI.39272

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

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

B. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City
LA HABRA

State
CA

Zip Code
90631

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 ▼

1675.00

Date of Receipt

05 / 19 / 2021

Transaction ID : SA11AI.39527

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City
LA HABRA

State
CA

Zip Code
90631

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 ▼

1680.00

Date of Receipt

05 / 25 / 2021

Transaction ID : SA11AI.39526

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

130.00

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

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City
LA HABRA

State
CA

Zip Code
90631

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 ▼

1725.00

Date of Receipt

05 / **29** / **2021**

Transaction ID : SA11AI.39525

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

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

B. STRAIGHT, SANDY, , ,

Mailing Address 3218 NORTH THOMPSON STREET

City

SPRINGDALE

State

AR

Zip Code

72764

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRAIGHTS LAWN & GARDEN

Occupation (for Individual)
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

05 / **09** / **2021**

Transaction ID : SA11AI.39082

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. STRAIGHT, SANDY, , ,

Mailing Address 3218 NORTH THOMPSON STREET

City

SPRINGDALE

State

AR

Zip Code

72764

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRAIGHTS LAWN & GARDEN

Occupation (for Individual)
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

05 / **10** / **2021**

Transaction ID : SA11AI.39081

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

100.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. THOMPSON, DONALD, , ,

Mailing Address 2561 STEESE HWY

City
FAIRBANKS

State
AK

Zip Code
99712

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KINROSS

Occupation (for Individual)
TEMP DISABLED MECHANIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2021

Transaction ID : SA11AI.39157

Amount of Each Receipt this Period

60.00

☐ Memo Item
CONTRIBUTION

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

B. TRAN, DUNG, , ,

Mailing Address 7142 PARK STREET APTA

City
WESTMINSTER

State
CA

Zip Code
92683

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

M M / D D / Y Y Y Y Y Y
05 / 13 / 2021

Transaction ID : SA11AI.39287

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. WADDELL, FRANKLIN, , ,

Mailing Address 255 CR 3203

City
QUITMAN

State
TX

Zip Code
75783

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 ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2021

Transaction ID : SA11AI.38976

Amount of Each Receipt this Period

40.40

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.40

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. WALLACE, JANICE, , ,

Mailing Address P.O BOX 1307

City
SPRINGFIELD

State
TN

Zip Code
37172

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RE/MAX 1ST CHOICE

Occupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 19 / 2021

Transaction ID : SA11AI.39399

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. WILLIAMS, GARY, , ,

Mailing Address P.O. BOX 10565

City
CONWAY

State
AR

Zip Code
72034

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2021

Transaction ID : SA11AI.38986

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. WILLIAMS, GARY, , ,

Mailing Address P.O. BOX 10565

City
CONWAY

State
AR

Zip Code
72034

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2021

Transaction ID : SA11AI.39452

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 OF 43
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. WILLIAMS, GARY, , ,

Mailing Address P.O. BOX 10565

City
CONWAY

State
AR

Zip Code
72034

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2021

Transaction ID : SA11AI.39453

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. WITKIN, JACK, , ,

Mailing Address 1535 HIGH ST

City
BOULDER

State
CO

Zip Code
80304

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

M M / D D / Y Y Y Y Y Y
05 / 16 / 2021

Transaction ID : SA11AI.39255

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

100.00

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

4671.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 43

<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)

C3 PAC

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEWState
CAZip Code
94043Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	1		

FEC Identification Number

C **Transaction ID : SB21B.39580**

Amount of Each Disbursement this Period

 70.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. REVVMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	3			2	0	2	1		

FEC Identification Number

C **Transaction ID : SB21B.38964**

Amount of Each Disbursement this Period

 389.94☐ Memo Item

Full Name (Last, First, Middle Initial)

C. REVVMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	0			2	0	2	1		

FEC Identification Number

C **Transaction ID : SB21B.38985**

Amount of Each Disbursement this Period

 2978.92☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶ 3438.86

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 43

<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)

C3 PAC

Full Name (Last, First, Middle Initial)

A. REVV

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		17		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB21B.39158**

Amount of Each Disbursement this Period

2597.88

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. REVV

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		31		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB21B.39305**

Amount of Each Disbursement this Period

4414.07

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. RIGHTSIDE COMPLIANCE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		18		2021

Mailing Address PO BOX 341027

City
AUSTINState
TXZip Code
78734Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB21B.39304**

Amount of Each Disbursement this Period

4934.80

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

11946.75

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 PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 43

<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)

C3 PAC

Full Name (Last, First, Middle Initial)

A. THE GOBER GROUP

Mailing Address PO BOX 341016

City
AUSTINState
TXZip Code
78734Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2021

FEC Identification Number

C**Transaction ID : SB21B.39303**

Amount of Each Disbursement this Period

1351.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

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

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

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

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1351.00

16736.61