

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**

**E-PAC**

ADDRESS (number and street) **PO BOX 500**

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

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

**C C00570945** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- 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  /  /  through  /  /

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

Type or Print Name of Treasurer **HOBBS, CABELL, , ,**

Signature of Treasurer **HOBBS, CABELL, , ,** Date  /  /

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

**E-PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		216592.21
(b) Cash on Hand at Beginning of Reporting Period.....	20613.61	
(c) Total Receipts (from Line 19) .....	183976.40	604360.27
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	204590.01	820952.48
7. Total Disbursements (from Line 31).....	89047.10	705409.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	115542.91	115542.91
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 the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**E-PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15231.25	71194.10
(ii) Unitemized .....	3400.37	23066.77
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	18631.62	94260.87
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	46500.00	202775.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	65131.62	297035.87
12. Transfers From Affiliated/Other Party Committees.....	118844.78	307324.40
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)).....▶	183976.40	604360.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	183976.40	604360.27

**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 .....	20547.10	230659.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	20547.10	230659.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	68500.00	474500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	250.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	89047.10	705409.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	89047.10	705409.57

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	65131.62	297035.87
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	65131.62	297035.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	20547.10	230659.57
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	20547.10	230659.57

# 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 352
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address **PO BOX 9891**

City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22219-1891</b>
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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 ▼  
**71658.40**

Date of Receipt  
**12 / 12 / 2023**  
**Transaction ID : SA11C.965959**

Amount of Each Receipt this Period  
**3337.26**

Memo Item  
**CONTRIBUTION**

**SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD**

**B. ASKEW, WHITAKER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address **7614 HOLIDAY DR.**

City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22308-1032</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)  
**SUBJECT MATTER** **CONSULTANT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2300.00**

Date of Receipt  
**12 / 12 / 2023**  
**Transaction ID : SA11A.966055**

Amount of Each Receipt this Period  
**2300.00**

Memo Item  
**CONTRIBUTION**

**EARMARKED FROM WINRED**

**C. LOONEYO, GEORGE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address **815 ATLANTA ROAD**

City <b>CUMMING</b>	State <b>GA</b>	Zip Code <b>30040-2707</b>
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**217.93**

Date of Receipt  
**12 / 12 / 2023**  
**Transaction ID : SA11A.965974**

Amount of Each Receipt this Period  
**1.00**

Memo Item  
**CONTRIBUTION**

**EARMARKED FROM WINRED**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2301.00</b>
<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 352
	<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)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. MUELLER, JOSEPH, , ,**

Mailing Address **42 NASSAU RD**

City **POUGHKEEPSIE** State **NY** Zip Code **12601-5640**

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 ▼ **365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 12 / 2023**

**Transaction ID : SA11A.966051**

Amount of Each Receipt this Period  
**25.00**

Memo Item  
**CONTRIBUTION**

**EARMARKED FROM WINRED**

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

Mailing Address **P.O. BOX 150187**

City **OGDEN** State **UT** Zip Code **84415-0187**

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 ▼ **534.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 12 / 2023**

**Transaction ID : SA11A.965994**

Amount of Each Receipt this Period  
**2.50**

Memo Item  
**CONTRIBUTION**

**EARMARKED FROM WINRED**

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

Mailing Address **P.O. BOX 150187**

City **OGDEN** State **UT** Zip Code **84415-0187**

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 ▼ **534.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 12 / 2023**

**Transaction ID : SA11A.965997**

Amount of Each Receipt this Period  
**4.00**

Memo Item  
**CONTRIBUTION**

**EARMARKED FROM WINRED**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>31.50</b>
<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 8 OF 352  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. PATTERSON, SUZANNE, H., ,**

Mailing Address P.O. BOX 150187

City OGDEN	State UT	Zip Code 84415-0187
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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 ▼  
534.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023

**Transaction ID : SA11A.965998**

Amount of Each Receipt this Period  
 4.00

Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address P.O. BOX 150187

City OGDEN	State UT	Zip Code 84415-0187
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
534.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023

**Transaction ID : SA11A.966014**

Amount of Each Receipt this Period  
 8.00

Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address P.O. BOX 150187

City OGDEN	State UT	Zip Code 84415-0187
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
534.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023

**Transaction ID : SA11A.966015**

Amount of Each Receipt this Period  
 8.00

Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	20.00
<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 9 OF 352
	<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)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. PATTERSON, SUZANNE, H., ,**

Mailing Address P.O. BOX 150187

City OGDEN	State UT	Zip Code 84415-0187
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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 ▼  
534.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023

**Transaction ID : SA11A.966052**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address P.O. BOX 150187

City OGDEN	State UT	Zip Code 84415-0187
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
534.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023

**Transaction ID : SA11A.966053**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 1075 MOTORCOACH DR.

City POLK CITY	State FL	Zip Code 33868-5113
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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 ▼  
426.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023

**Transaction ID : SA11A.966028**

Amount of Each Receipt this Period  
15.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.00
<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 352
	<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)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
WILLIAMS, JIMMY, O., MR.,

Mailing Address 1075 MOTORCOACH DR.

City POLK CITY	State FL	Zip Code 33868-5113
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
426.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023

**Transaction ID : SA11A.966029**

Amount of Each Receipt this Period  
15.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 1075 MOTORCOACH DR.

City POLK CITY	State FL	Zip Code 33868-5113
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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 ▼  
426.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023

**Transaction ID : SA11A.966033**

Amount of Each Receipt this Period  
15.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 1075 MOTORCOACH DR.

City POLK CITY	State FL	Zip Code 33868-5113
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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 ▼  
426.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023

**Transaction ID : SA11A.966035**

Amount of Each Receipt this Period  
20.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<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 11 OF 352  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. CURRIE, L. NICOLE, NICOLE, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 13TH ST NW  
 STE 1100NO  
 City WASHINGTON State DC Zip Code 20005-3807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMGEN INC. Occupation (for Individual) EXECUTIVE DIRECTOR, GOVERNME  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 13 / 2023  
**Transaction ID : SA11A.970366**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
**CONTRIBUTION**

**B. WINRED**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 9891  
 City ARLINGTON State VA Zip Code 22219-1891  
 FEC ID number of contributing federal political committee. **C** C00694323  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 71658.40

Date of Receipt 12 / 19 / 2023  
**Transaction ID : SA11C.978802**  
 Amount of Each Receipt this Period 1192.36  
 Memo Item  
**CONTRIBUTION**  
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C. GUSEMAN, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 810 SUMMIT DRIVE  
 City MINOT State ND Zip Code 58701-4559  
 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 ▼ 230.75

Date of Receipt 12 / 19 / 2023  
**Transaction ID : SA11A.978828**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
**CONTRIBUTION**  
 EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional).....▶ 1001.00  
**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 12 OF 352
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
GUSEMAN, CHARLES, , ,

Mailing Address 810 SUMMIT DRIVE

City MINOT State ND Zip Code 58701-4559

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 ▼ 230.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2023

**Transaction ID : SA11A.978829**

Amount of Each Receipt this Period  
 1.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT State ND Zip Code 58701-4559

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 ▼ 230.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2023

**Transaction ID : SA11A.978843**

Amount of Each Receipt this Period  
 2.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT State ND Zip Code 58701-4559

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 ▼ 230.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2023

**Transaction ID : SA11A.978857**

Amount of Each Receipt this Period  
 2.50

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5.50

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 13 OF 352
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
GUSEMAN, CHARLES, , ,

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
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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 ▼  
230.75

Date of Receipt  
12 / 19 / 2023  
**Transaction ID : SA11A.978858**

Amount of Each Receipt this Period  
2.50

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
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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 ▼  
230.75

Date of Receipt  
12 / 19 / 2023  
**Transaction ID : SA11A.978859**

Amount of Each Receipt this Period  
2.50

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.75

Date of Receipt  
12 / 19 / 2023  
**Transaction ID : SA11A.978860**

Amount of Each Receipt this Period  
2.50

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7.50
<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 352
	<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)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
GUSEMAN, CHARLES, , ,

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2023

**Transaction ID : SA11A.978861**

Amount of Each Receipt this Period  
2.50

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
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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 ▼  
230.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2023

**Transaction ID : SA11A.978862**

Amount of Each Receipt this Period  
2.50

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
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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 ▼  
230.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2023

**Transaction ID : SA11A.978863**

Amount of Each Receipt this Period  
2.50

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7.50
<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 15 OF 352  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
GUSEMAN, CHARLES, , ,

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
---------------	-------------	------------------------

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 ▼  
230.75

Date of Receipt  
12 / 19 / 2023  
**Transaction ID : SA11A.978864**

Amount of Each Receipt this Period  
2.50

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.75

Date of Receipt  
12 / 19 / 2023  
**Transaction ID : SA11A.978870**

Amount of Each Receipt this Period  
4.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
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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 ▼  
230.75

Date of Receipt  
12 / 19 / 2023  
**Transaction ID : SA11A.978883**

Amount of Each Receipt this Period  
8.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....	14.50
<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 16 OF 352
	<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)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
GUSEMAN, CHARLES, , ,

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
---------------	-------------	------------------------

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 ▼  
230.75

Date of Receipt  
12 / 19 / 2023  
**Transaction ID : SA11A.978884**

Amount of Each Receipt this Period  
8.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
---------------	-------------	------------------------

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 ▼  
230.75

Date of Receipt  
12 / 19 / 2023  
**Transaction ID : SA11A.978905**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
---------------	-------------	------------------------

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 ▼  
230.75

Date of Receipt  
12 / 19 / 2023  
**Transaction ID : SA11A.978917**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....	43.00
<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 17 OF 352
	<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)  
**E-PAC**

**A. GUSEMAN, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 810 SUMMIT DRIVE  
 City MINOT State ND Zip Code 58701-4559  
 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 ▼ 230.75

Date of Receipt 12 / 19 / 2023  
**Transaction ID : SA11A.978919**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

**B. MUELLER, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42 NASSAU RD  
 City POUGHKEEPSIE State NY Zip Code 12601-5640  
 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 ▼ 365.00

Date of Receipt 12 / 19 / 2023  
**Transaction ID : SA11A.978908**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

**C. SCHMIDT, GERARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 535 HUNGRY HILL RD  
 City LONG EDDY State NY Zip Code 12760-1459  
 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 12 / 19 / 2023  
**Transaction ID : SA11A.978916**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<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 18 OF 352
	<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)  
**E-PAC**

**A. WILLIAMS, JIMMY, O., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1075 MOTORCOACH DR.  
 City POLK CITY State FL Zip Code 33868-5113  
 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 ▼ 426.65

Date of Receipt 12 / 19 / 2023  
**Transaction ID : SA11A.978907**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

**B. WINRED**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 9891  
 City ARLINGTON State VA Zip Code 22219-1891  
 FEC ID number of contributing federal political committee. **C** C00694323  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 71658.40

Date of Receipt 12 / 26 / 2023  
**Transaction ID : SA11C.988429**  
 Amount of Each Receipt this Period 5661.49  
 Memo Item  
 CONTRIBUTION  
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C. PATTERSON, SUZANNE, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 150187  
 City OGDEN State UT Zip Code 84415-0187  
 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 ▼ 534.50

Date of Receipt 12 / 26 / 2023  
**Transaction ID : SA11A.988501**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....	65.00
<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 19 OF 352
	<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)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. PATTERSON, SUZANNE, H., ,**

Mailing Address **P.O. BOX 150187**

City <b>OGDEN</b>	State <b>UT</b>	Zip Code <b>84415-0187</b>
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼  
**534.50**

Date of Receipt  
**12 / 26 / 2023**

**Transaction ID : SA11A.988502**

Amount of Each Receipt this Period  
**50.00**

Memo Item  
**CONTRIBUTION**

**EARMARKED FROM WINRED**

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

Mailing Address **PO BOX 2666**

City <b>PALM BEACH</b>	State <b>FL</b>	Zip Code <b>33480-2666</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>CHARLES SCHWAB CORPORATION</b>	Occupation (for Individual) <b>CHAIRMAN</b>
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 26 / 2023**

**Transaction ID : SA11A.988504**

Amount of Each Receipt this Period  
**5000.00**

Memo Item  
**CONTRIBUTION**

**EARMARKED FROM WINRED**

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

Mailing Address **1045 ALEXANDER MOUNTAIN RD**

City <b>GEYSERVILLE</b>	State <b>CA</b>	Zip Code <b>95441-9315</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>JACKSON FAMILY WINES</b>	Occupation (for Individual) <b>OWNER</b>
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 31 / 2023**

**Transaction ID : SA11A.995685**

Amount of Each Receipt this Period  
**5000.00**

Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>10050.00</b>
<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 20 OF 352
	<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)  
**E-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 22219-1891
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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 ▼  
71658.40

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2023  
**Transaction ID : SA11C.1005270**

Amount of Each Receipt this Period  
1794.38

Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**B. BIEBIGHAUSER, VICTOR, K., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2424 CHEROKEE DR.

City MONTGOMERY	State AL	Zip Code 36111-1609
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2023  
**Transaction ID : SA11A.1005365**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C. GUSEMAN, CHARLES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.75

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2023  
**Transaction ID : SA11A.1005276**

Amount of Each Receipt this Period  
1.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1001.00
<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 21 OF 352
	<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)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
GUSEMAN, CHARLES, , ,

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
---------------	-------------	------------------------

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 ▼  
230.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023

**Transaction ID : SA11A.1005297**

Amount of Each Receipt this Period  
2.50

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
---------------	-------------	------------------------

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 ▼  
230.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023

**Transaction ID : SA11A.1005298**

Amount of Each Receipt this Period  
2.50

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
---------------	-------------	------------------------

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 ▼  
230.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023

**Transaction ID : SA11A.1005299**

Amount of Each Receipt this Period  
2.50

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7.50
<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 22 OF 352
	<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)  
**E-PAC**

**A. GUSEMAN, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 810 SUMMIT DRIVE  
 City MINOT State ND Zip Code 58701-4559  
 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 ▼ 230.75

Date of Receipt  
 12 / 31 / 2023  
**Transaction ID : SA11A.1005300**  
 Amount of Each Receipt this Period 2.50  
 Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

**B. GUSEMAN, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 810 SUMMIT DRIVE  
 City MINOT State ND Zip Code 58701-4559  
 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 ▼ 230.75

Date of Receipt  
 12 / 31 / 2023  
**Transaction ID : SA11A.1005308**  
 Amount of Each Receipt this Period 4.00  
 Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

**C. GUSEMAN, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 810 SUMMIT DRIVE  
 City MINOT State ND Zip Code 58701-4559  
 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 ▼ 230.75

Date of Receipt  
 12 / 31 / 2023  
**Transaction ID : SA11A.1005313**  
 Amount of Each Receipt this Period 4.25  
 Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10.75
<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 23 OF 352
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
GUSEMAN, CHARLES, , ,

Mailing Address 810 SUMMIT DRIVE

City MINOT State ND Zip Code 58701-4559

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 ▼ 230.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023

**Transaction ID : SA11A.1005318**

Amount of Each Receipt this Period  
 5.00

Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT State ND Zip Code 58701-4559

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 ▼ 230.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023

**Transaction ID : SA11A.1005329**

Amount of Each Receipt this Period  
 6.00

Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT State ND Zip Code 58701-4559

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 ▼ 230.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023

**Transaction ID : SA11A.1005330**

Amount of Each Receipt this Period  
 6.00

Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	17.00
<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 24 OF 352
	<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)  
**E-PAC**

**A. GUSEMAN, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 810 SUMMIT DRIVE  
 City MINOT State ND Zip Code 58701-4559  
 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 ▼ 230.75

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA11A.1005331**  
 Amount of Each Receipt this Period 6.00  
 Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

**B. GUSEMAN, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 810 SUMMIT DRIVE  
 City MINOT State ND Zip Code 58701-4559  
 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 ▼ 230.75

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA11A.1005332**  
 Amount of Each Receipt this Period 7.50  
 Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

**C. MONNIN, GERALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 724 INVERNESS DR.  
 City DEFIANCE State OH Zip Code 43512-8549  
 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 ▼ 240.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA11A.1005360**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	38.50
<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 25 OF 352
	<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)  
**E-PAC**

**A. MUELLER, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42 NASSAU RD  
 City POUGHKEEPSIE State NY Zip Code 12601-5640  
 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 ▼ 365.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA11A.1005356**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

**B. WINRED**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 9891  
 City ARLINGTON State VA Zip Code 22219-1891  
 FEC ID number of contributing federal political committee. **C** C00694323  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 71658.40

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA11C.995544**  
 Amount of Each Receipt this Period 737.13  
 Memo Item  
 CONTRIBUTION  
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C. CLARK, RICHARD, K., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4171 LORENZO FARM RD  
 City CAZENOVIA State NY Zip Code 13035-9341  
 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 12 / 31 / 2023  
**Transaction ID : SA11A.995605**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<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 26 OF 352
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. GULLIVER, KAREN, , ,**

Mailing Address **PO BOX 701**

City **BLACK DIAMOND** State **WA** Zip Code **98010-0701**

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 ▼ **600.00**

Date of Receipt **12 / 31 / 2023**

**Transaction ID : SA11A.995609**

Amount of Each Receipt this Period **50.00**

Memo Item  
CONTRIBUTION

**EARMARKED FROM WINRED**

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

Mailing Address **810 SUMMIT DRIVE**

City **MINOT** State **ND** Zip Code **58701-4559**

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 ▼ **230.75**

Date of Receipt **12 / 31 / 2023**

**Transaction ID : SA11A.995564**

Amount of Each Receipt this Period **2.00**

Memo Item  
CONTRIBUTION

**EARMARKED FROM WINRED**

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

Mailing Address **810 SUMMIT DRIVE**

City **MINOT** State **ND** Zip Code **58701-4559**

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 ▼ **230.75**

Date of Receipt **12 / 31 / 2023**

**Transaction ID : SA11A.995567**

Amount of Each Receipt this Period **3.00**

Memo Item  
CONTRIBUTION

**EARMARKED FROM WINRED**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **55.00**

**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 27 OF 352
	<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)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
GUSEMAN, CHARLES, , ,

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
---------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023

**Transaction ID : SA11A.995583**

Amount of Each Receipt this Period  
5.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
---------------	-------------	------------------------

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 ▼  
230.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023

**Transaction ID : SA11A.995584**

Amount of Each Receipt this Period  
6.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
---------------	-------------	------------------------

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 ▼  
230.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023

**Transaction ID : SA11A.995592**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....	21.00
<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 28 OF 352
	<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)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
GUSEMAN, CHARLES, , ,

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
---------------	-------------	------------------------

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 ▼  
230.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023

**Transaction ID : SA11A.995596**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
---------------	-------------	------------------------

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 ▼  
230.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023

**Transaction ID : SA11A.995597**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 810 SUMMIT DRIVE

City MINOT	State ND	Zip Code 58701-4559
---------------	-------------	------------------------

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 ▼  
230.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023

**Transaction ID : SA11A.995599**

Amount of Each Receipt this Period  
12.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....	32.00
<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 29 OF 352
	<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)  
**E-PAC**

**A. GUSEMAN, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 810 SUMMIT DRIVE  
 City MINOT State ND Zip Code 58701-4559  
 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 ▼ 230.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023  
**Transaction ID : SA11A.995601**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

**B. WEAVER, TRUMAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 363 15TH TRAIL  
 City COTOPAXI State CO Zip Code 81223-8672  
 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 ▼ 376.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023  
**Transaction ID : SA11A.995602**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

**C. WEAVER, TRUMAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 363 15TH TRAIL  
 City COTOPAXI State CO Zip Code 81223-8672  
 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 ▼ 376.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023  
**Transaction ID : SA11A.995611**  
 Amount of Each Receipt this Period 114.00  
 Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 152.00  
**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 30 OF 352
	<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)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
WILLIAMS, JIMMY, O., MR.,

Mailing Address 1075 MOTORCOACH DR.

City POLK CITY	State FL	Zip Code 33868-5113
-------------------	-------------	------------------------

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 ▼  
426.65

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2023

**Transaction ID : SA11A.995600**

Amount of Each Receipt this Period  
15.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y 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).....	15.00
<b>TOTAL</b> This Period (last page this line number only).....	15231.25

**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 31 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. AIR LINE PILOTS ASSOCIATION PAC**

Mailing Address 7950 JONES BRANCH DR.  
STE 400S

City MC LEAN State VA Zip Code 22102-3215

FEC ID number of contributing federal political committee. **C** C00035451

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2023

**Transaction ID : SA11C.978995**

Amount of Each Receipt this Period  
4000.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. AMERICAN HOTEL & LODGING PAC**

Mailing Address 1201 NEW YORK AVE NW # 6

City WASHINGTON State DC Zip Code 20005-3917

FEC ID number of contributing federal political committee. **C** C00001198

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2023

**Transaction ID : SA11C.978997**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

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

Mailing Address 800 10TH ST NW STE 400  
TWO CITYCENTER

City WASHINGTON State DC Zip Code 20001-5189

FEC ID number of contributing federal political committee. **C** C00106146

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2023

**Transaction ID : SA11C.978999**

Amount of Each Receipt this Period  
4000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10500.00
<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 32 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

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

Mailing Address 1505 PRINCE ST STE 300

City ALEXANDRIA	State VA	Zip Code 22314-2874
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00024968

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2023

**Transaction ID : SA11C.978998**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. COUNCIL OF INSURANCE AGENTS & BROKERS PAC**

Mailing Address 701 PENNSYLVANIA AVE NW STE 750

City WASHINGTON	State DC	Zip Code 20004-2661
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00039578

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2023

**Transaction ID : SA11C.978996**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS PAC**

Mailing Address 1875 I ST NW STE 600

City WASHINGTON	State DC	Zip Code 20006-5413
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00303339

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2023

**Transaction ID : SA11C.979000**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8500.00
<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 33 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. AT&T INC FEDERAL PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 208 S AKARD ST STE 1812  
 City DALLAS State TX Zip Code 75202-4206  
 FEC ID number of contributing federal political committee. **C** C00109017  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2023  
**Transaction ID : SA11C.988604**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
**CONTRIBUTION**

**B. FEDERAL EXPRESS PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 942 SHADY GROVE RD S  
 City MEMPHIS State TN Zip Code 38120-4117  
 FEC ID number of contributing federal political committee. **C** C00068692  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2023  
**Transaction ID : SA11C.988603**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
**CONTRIBUTION**

**C. AMERICAN DENTAL ASSOCIATION PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1111 14TH ST NW STE 1100  
 City WASHINGTON State DC Zip Code 20005-5627  
 FEC ID number of contributing federal political committee. **C** C00000729  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2023  
**Transaction ID : SA11C.996757**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12500.00
<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 34 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. COMMITTEE FOR ADVANCEMENT OF COTTON PAC**

Mailing Address P.O. BOX 2995

City CORDOVA	State TN	Zip Code 38088-2995
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00023028

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2023

**Transaction ID : SA11C.995684**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

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

Mailing Address 600 14TH ST NW STE 800

City WASHINGTON	State DC	Zip Code 20005-2099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00236489

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2023

**Transaction ID : SA11C.995683**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. L3 TECHNOLOGIES INC PAC**

Mailing Address 600 3RD AVE

City NEW YORK	State NY	Zip Code 10016-1901
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00338087

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2023

**Transaction ID : SA11C.995680**

Amount of Each Receipt this Period  
4000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11500.00
<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 35 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. UNITEDHEALTH GROUP INC PAC**

Mailing Address 9900 BREN RD E

City MINNETONKA	State MN	Zip Code 55343-9603
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00274431

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2023

**Transaction ID : SA11C.995682**

Amount of Each Receipt this Period  
2500.00

Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. WAL-MART STORES INC PAC FOR RESPONSIBLE GOVERNMENT**

Mailing Address 702 SW 8TH ST

City BENTONVILLE	State AR	Zip Code 72716-6209
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00093054

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2023

**Transaction ID : SA11C.995681**

Amount of Each Receipt this Period  
1000.00

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	46500.00

# 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 36 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. ELISE VICTORY FUND**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 500

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249882.96

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2023

**Transaction ID : SA12.970606**

Amount of Each Receipt this Period  
42795.76

Memo Item  
**TRANSFER**

**B. CANNAVO, VITO, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 64 WILLOW POND RD

City STATEN ISLAND	State NY	Zip Code 10304-1221
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
SULLIVAN PAPAIN LAWYER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2023

**Transaction ID : SA.902358.3.EV35**

Amount of Each Receipt this Period  
2300.00

Memo Item  
**TRANSFER**

**TRANSFER FROM ELISE VICTORY FUND**

**C. CASSIDY, FRANK, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2322 WALLACE ST

City PHILADELPHIA	State PA	Zip Code 19130-3128
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
FXC REAL ESTATE

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2023

**Transaction ID : SA.958507.3.EV35**

Amount of Each Receipt this Period  
3300.00

Memo Item  
**TRANSFER**

**TRANSFER FROM ELISE VICTORY FUND**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	42795.76
<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 37 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. DICKINSON, WILLIAM, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 DUTCH ISLAND DR.  
 City SAVANNAH State GA Zip Code 31406-3223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WET WILLIE'S Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 06 / 2023  
**Transaction ID : SA.958477.3.EV35**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

**B. FRANKLIN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12500 SAN PEDRO AVE  
 City SAN ANTONIO State TX Zip Code 78216-2858  
 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 ▼ 1000.00

Date of Receipt 11 / 01 / 2023  
**Transaction ID : SA.908406.3.EV35**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

**C. HERMAN, RUSSELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 AVENUE OF TWO RIVERS S  
 City RUMSON State NJ Zip Code 07760-1812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WHITE PINE CAPITAL MANAGEMENT Occupation (for Individual) FINANCE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 01 / 2023  
**Transaction ID : SA.950362.3.EV35**  
 Amount of Each Receipt this Period 800.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. HILLMAN, TATANALL, LEA, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 504 W BLEEKER ST  
 City ASPEN State CO Zip Code 81611-1228  
 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 **12 / 08 / 2023**  
**Transaction ID : SA.958726.3.EV35**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

**B. KOCH, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 FORUM PLACE, SUITE 1202  
 City WEST PALM BEACH State FL Zip Code 33401-8107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OXBOW CARBON Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **11 / 08 / 2023**  
**Transaction ID : SA.920472.3.EV35**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

**C. KUMAR, SHALABH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4140 UTICA RIDGE ROAD  
 City BETTENDORF State IA Zip Code 52722-1632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **10 / 11 / 2023**  
**Transaction ID : SA.882659.3.EV35**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

<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 39 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. LEWIS, EARL, R., , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 87 PINCKNEY STREET  
 City BOSTON State MA Zip Code 02114-4303  
 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 09 / 29 / 2023  
**Transaction ID : SA.871240.3.EV35**  
 Amount of Each Receipt this Period 1725.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

**B. LOW, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 STAR FARM RD  
 City PURCHASE State NY Zip Code 10577-2627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EDWARD LOW SONS Occupation (for Individual) TRADER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 06 / 2023  
**Transaction ID : SA.958331.3.EV35**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 10 / 2023  
**Transaction ID : SA.882691.3.EV35**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 10 / 2023  
**Transaction ID : SA.882692.3.EV35**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 10 / 2023  
**Transaction ID : SA.882693.3.EV35**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 10 / 2023  
**Transaction ID : SA.882694.3.EV35**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. REGIABA, ADAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 37 ANACAPA LN  
 City ALISO VIEJO State CA Zip Code 92656-1630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UPFRONT INC Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 18 / 2023  
**Transaction ID : SA.892257.3.EV35**  
 Amount of Each Receipt this Period 4000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

**B. SCIARETTA, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 90 SPRING HOLLOW ROAD  
 City FAR HILLS State NJ Zip Code 07931-2401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CLAREMONT DEVELOPMENT, LLC Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 28 / 2023  
**Transaction ID : SA.902996.3.EV35**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

**C. SKARZYNSKI, JACEK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 84-86 98TH STREET  
 City WOODHAVEN State NY Zip Code 11421-1735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MAVEN CONSTRUCTION CORP. Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 20 / 2023  
**Transaction ID : SA.892480.3.EV35**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. SKARZYNSKI, OLGA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 84-86 98TH STREET  
 City WOODHAVEN State NY Zip Code 11421-1735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MAVEN CONSTRUCTION CORP. Occupation (for Individual) CONSTRUCTION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3400.00

Date of Receipt 10 / 20 / 2023  
**Transaction ID : SA.892481.3.EV35**  
 Amount of Each Receipt this Period 3400.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

**B. STAHL, LEWIS, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 161 W 61ST ST  
 City NEW YORK State NY Zip Code 10023-7400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NEXTGEN MANAGEMENT LLC Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 18 / 2023  
**Transaction ID : SA.892241.3.EV35**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

**C. STANFILL, CRAIG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 43 HUCKLEBERRY HILL RD  
 City LINCOLN State MA Zip Code 01773-3508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COORDINATESS OPERATIONS LLC Occupation (for Individual) SOFTWARE ENGINEER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 06 / 2023  
**Transaction ID : SA.958476.3.EV35**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. REPUBLICAN JEWISH COALITION PAC - EARMARKS**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 50 F ST NW STE 100

City WASHINGTON	State DC	Zip Code 20001-1590
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00345132

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2023

**Transaction ID : SA.958959.3.EV35**

Amount of Each Receipt this Period  
3309.00

Memo Item  
TRANSFER  
TRANSFER FROM ELISE VICTORY FUND

**B. REPUBLICAN JEWISH COALITION PAC - EARMARKS**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 50 F ST NW STE 100

City WASHINGTON	State DC	Zip Code 20001-1590
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00345132

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2023

**Transaction ID : SA.966075.3.EV35**

Amount of Each Receipt this Period  
1691.00

Memo Item  
TRANSFER  
TRANSFER FROM ELISE VICTORY FUND

**C. HOUSE GOP BATTLEGROUND FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 500

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

FEC ID number of contributing federal political committee. **C** C00837492

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
18251.91

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2023

**Transaction ID : SA12.970731**

Amount of Each Receipt this Period  
3248.38

Memo Item  
TRANSFER

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3248.38
<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 44 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. HILL, SHIRLEY, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2023
Mailing Address 262 E MAIN ST		<b>Transaction ID : SA.966067.31.BG03</b>
City MOORESTOWN	State NJ	Zip Code 08057-2931
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2723.25	TRANSFER
		TRANSFER FROM HOUSE BATTLEGROUND FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. HILL, SHIRLEY, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2023
Mailing Address 262 E MAIN ST		<b>Transaction ID : SA.966068.31.BG03</b>
City MOORESTOWN	State NJ	Zip Code 08057-2931
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2723.25	TRANSFER
		TRANSFER FROM HOUSE BATTLEGROUND FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. HILL, SHIRLEY, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2023
Mailing Address 262 E MAIN ST		<b>Transaction ID : SA.966069.31.BG03</b>
City MOORESTOWN	State NJ	Zip Code 08057-2931
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 49.50
Name of Employer (for Individual) HILL & COMPANY	Occupation (for Individual) ENTREPRENEUR	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2723.25	TRANSFER
		TRANSFER FROM HOUSE BATTLEGROUND FUND

<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 45 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**HILL, SHIRLEY, , ,**

Mailing Address **262 E MAIN ST**

City **MOORESTOWN** State **NJ** Zip Code **08057-2931**

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

Name of Employer (for Individual) **HILL & COMPANY** Occupation (for Individual) **ENTREPRENEUR**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2723.25**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 12 / 2023**

**Transaction ID : SA.966070.31.BG03**

Amount of Each Receipt this Period  
**50.00**

Memo Item  
**TRANSFER**  
**TRANSFER FROM HOUSE BATTLEGROUND FUND**

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

Mailing Address **262 E MAIN ST**

City **MOORESTOWN** State **NJ** Zip Code **08057-2931**

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

Name of Employer (for Individual) **HILL & COMPANY** Occupation (for Individual) **ENTREPRENEUR**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2723.25**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 12 / 2023**

**Transaction ID : SA.966071.31.BG03**

Amount of Each Receipt this Period  
**123.75**

Memo Item  
**TRANSFER**  
**TRANSFER FROM HOUSE BATTLEGROUND FUND**

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

Mailing Address **262 E MAIN ST**

City **MOORESTOWN** State **NJ** Zip Code **08057-2931**

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

Name of Employer (for Individual) **HILL & COMPANY** Occupation (for Individual) **ENTREPRENEUR**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **2723.25**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 12 / 2023**

**Transaction ID : SA.966072.31.BG03**

Amount of Each Receipt this Period  
**750.00**

Memo Item  
**TRANSFER**  
**TRANSFER FROM HOUSE BATTLEGROUND FUND**

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. HILL, SHIRLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 262 E MAIN ST  
 City MOORESTOWN State NJ Zip Code 08057-2931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HILL & COMPANY Occupation (for Individual) ENTREPRENEUR  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2723.25

Date of Receipt 12 / 12 / 2023  
**Transaction ID : SA.966073.31.BG03**  
 Amount of Each Receipt this Period 26.75  
 Memo Item  
 TRANSFER  
 TRANSFER FROM HOUSE BATTLEGROUND FUND

**B. RADGOWSKI, LISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56 BAYVIEW AVE  
 City NORTHPORT State NY Zip Code 11768-1505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 719.50

Date of Receipt 10 / 24 / 2023  
**Transaction ID : SA.949845.31.BG03**  
 Amount of Each Receipt this Period 719.50  
 Memo Item  
 TRANSFER  
 TRANSFER FROM HOUSE BATTLEGROUND FUND

**C. RAPHAEL, IRVING, G., DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7301 DARTMOOR XING  
 City FAYETTEVILLE State NY Zip Code 13066-2477  
 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 ▼ 5000.00

Date of Receipt 11 / 21 / 2023  
**Transaction ID : SA.942718.31.BG03**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM HOUSE BATTLEGROUND FUND

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. RAPHAEL, IRVING, G., DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7301 DARTMOOR XING  
 City FAYETTEVILLE State NY Zip Code 13066-2477  
 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 ▼ 5000.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : SA.950237.31.BG03**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM HOUSE BATTLEGROUND FUND

**B. SINGER, PAUL, ELLIOT, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 340 ROYAL POINCIANA WAY STE 317  
 City PALM BEACH State FL Zip Code 33480-4154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ELLIOTT MANAGEMENT CORPORATION Occupation (for Individual) PRINCIPAL  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 09 / 2023  
**Transaction ID : SA.921087.31.BG03**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM HOUSE BATTLEGROUND FUND

**C. TEAM ELISE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 500  
 City GLENS FALLS State NY Zip Code 12801-0500  
 FEC ID number of contributing federal political committee. **C** C00830679  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 34778.50

Date of Receipt 12 / 14 / 2023  
**Transaction ID : SA12.970736**  
 Amount of Each Receipt this Period 9371.94  
 Memo Item  
 TRANSFER

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9371.94
<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 48 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. BLAVATNIK, ALEX, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2023
Mailing Address 730 5TH AVE		<b>Transaction ID : SA.964492.24.TE06</b>
City NEW YORK	State NY	Zip Code 10019-4105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual) ACCESS INDUSTRIES	Occupation (for Individual) MANAGER	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. BONIN, JUDY, A., MISS,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2023
Mailing Address 187 EDGEFIELD LN		<b>Transaction ID : SA.955100.24.TE06</b>
City STAUNTON	State VA	Zip Code 24401-6287
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.84
Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 919.06	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. BONIN, JUDY, A., MISS,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2023
Mailing Address 187 EDGEFIELD LN		<b>Transaction ID : SA.962777.24.TE06</b>
City STAUNTON	State VA	Zip Code 24401-6287
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.50
Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 919.06	TRANSFER
		TRANSFER FROM TEAM ELISE

<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 49 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. BONIN, JUDY, A., MISS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2023

**Transaction ID : SA.962782.24.TE06**

Amount of Each Receipt this Period  
8.50

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2023

**Transaction ID : SA.963035.24.TE06**

Amount of Each Receipt this Period  
10.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2023

**Transaction ID : SA.963121.24.TE06**

Amount of Each Receipt this Period  
10.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 50 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. BONIN, JUDY, A., MISS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023

**Transaction ID : SA.963289.24.TE06**

Amount of Each Receipt this Period  
12.75

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023

**Transaction ID : SA.963426.24.TE06**

Amount of Each Receipt this Period  
17.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023

**Transaction ID : SA.963438.24.TE06**

Amount of Each Receipt this Period  
17.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 51 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. BONIN, JUDY, A., MISS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023

**Transaction ID : SA.963470.24.TE06**

Amount of Each Receipt this Period  
 19.80

Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023

**Transaction ID : SA.963503.24.TE06**

Amount of Each Receipt this Period  
 20.00

Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023

**Transaction ID : SA.963508.24.TE06**

Amount of Each Receipt this Period  
 20.00

Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 52 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. BONIN, JUDY, A., MISS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023

**Transaction ID : SA.963512.24.TE06**

Amount of Each Receipt this Period  
20.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023

**Transaction ID : SA.963963.24.TE06**

Amount of Each Receipt this Period  
25.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023

**Transaction ID : SA.964281.24.TE06**

Amount of Each Receipt this Period  
49.50

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 53 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. BONIN, JUDY, A., MISS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2023

**Transaction ID : SA.968856.24.TE06**

Amount of Each Receipt this Period  
8.50

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2023

**Transaction ID : SA.968870.24.TE06**

Amount of Each Receipt this Period  
8.50

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2023

**Transaction ID : SA.968901.24.TE06**

Amount of Each Receipt this Period  
8.50

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 54 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. BONIN, JUDY, A., MISS,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 13 / 2023
Mailing Address 187 EDGEFIELD LN			<b>Transaction ID : SA.969101.24.TE06</b>
City STAUNTON	State VA	Zip Code 24401-6287	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item
Name of Employer (for Individual) SELF		Occupation (for Individual) HORSE BOARDING	TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 919.06		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. BONIN, JUDY, A., MISS,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 13 / 2023
Mailing Address 187 EDGEFIELD LN			<b>Transaction ID : SA.969464.24.TE06</b>
City STAUNTON	State VA	Zip Code 24401-6287	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item
Name of Employer (for Individual) SELF		Occupation (for Individual) HORSE BOARDING	TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 919.06		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. BRAMLETT, ROBERT, M., MR., JR.</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 22 / 2023
Mailing Address 1900 CLOVERLEAF PLACE			<b>Transaction ID : SA.812460.24.TE06</b>
City ARDMORE	State OK	Zip Code 73401-3415	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item
Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC		Occupation (for Individual) INDEPENDENT INSURANCE AGENT	TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 555.11		TRANSFER FROM TEAM ELISE

<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 55 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. BRAMLETT, ROBERT, M., MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1900 CLOVERLEAF PLACE  
 City ARDMORE State OK Zip Code 73401-3415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 555.11

Date of Receipt **08 / 22 / 2023**  
**Transaction ID : SA.812461.24.TE06**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. BRAMLETT, ROBERT, M., MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1900 CLOVERLEAF PLACE  
 City ARDMORE State OK Zip Code 73401-3415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 555.11

Date of Receipt **08 / 22 / 2023**  
**Transaction ID : SA.812503.24.TE06**  
 Amount of Each Receipt this Period 20.10  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. BRAMLETT, ROBERT, M., MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1900 CLOVERLEAF PLACE  
 City ARDMORE State OK Zip Code 73401-3415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 555.11

Date of Receipt **11 / 21 / 2023**  
**Transaction ID : SA.935923.24.TE06**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 56 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. BRAMLETT, ROBERT, M., MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1900 CLOVERLEAF PLACE  
 City ARDMORE State OK Zip Code 73401-3415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 555.11

Date of Receipt **11 / 21 / 2023**  
**Transaction ID : SA.935924.24.TE06**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. BRAMLETT, ROBERT, M., MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1900 CLOVERLEAF PLACE  
 City ARDMORE State OK Zip Code 73401-3415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 555.11

Date of Receipt **11 / 21 / 2023**  
**Transaction ID : SA.936182.24.TE06**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. BRAMLETT, ROBERT, M., MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1900 CLOVERLEAF PLACE  
 City ARDMORE State OK Zip Code 73401-3415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 555.11

Date of Receipt **11 / 21 / 2023**  
**Transaction ID : SA.936911.24.TE06**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 57 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. BRAMLETT, ROBERT, M., MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1900 CLOVERLEAF PLACE  
 City ARDMORE State OK Zip Code 73401-3415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 555.11

Date of Receipt 11 / 21 / 2023  
**Transaction ID : SA.937139.24.TE06**  
 Amount of Each Receipt this Period 31.01  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. CIACCIO, JANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5491 BEECHMONT AVE APT 506  
 City CINCINNATI State OH Zip Code 45230-1160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 5000.00

Date of Receipt 07 / 25 / 2023  
**Transaction ID : SA.794166.24.TE06**  
 Amount of Each Receipt this Period 99.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. CIACCIO, JANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5491 BEECHMONT AVE APT 506  
 City CINCINNATI State OH Zip Code 45230-1160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 5000.00

Date of Receipt 08 / 08 / 2023  
**Transaction ID : SA.800767.24.TE06**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. CIACCIO, JANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5491 BEECHMONT AVE APT 506  
 City CINCINNATI State OH Zip Code 45230-1160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 08 / 2023  
**Transaction ID : SA.800777.24.TE06**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. CIACCIO, JANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5491 BEECHMONT AVE APT 506  
 City CINCINNATI State OH Zip Code 45230-1160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 08 / 2023  
**Transaction ID : SA.800874.24.TE06**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. CIACCIO, JANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5491 BEECHMONT AVE APT 506  
 City CINCINNATI State OH Zip Code 45230-1160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 08 / 2023  
**Transaction ID : SA.800879.24.TE06**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**CIACCIO, JANE, M., ,**

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**08 / 15 / 2023**

**Transaction ID : SA.808108.24.TE06**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**09 / 30 / 2023**

**Transaction ID : SA.878934.24.TE06**

Amount of Each Receipt this Period  
**25.00**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**09 / 30 / 2023**

**Transaction ID : SA.878939.24.TE06**

Amount of Each Receipt this Period  
**25.00**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<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 60 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. CIACCIO, JANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5491 BEECHMONT AVE APT 506  
 City CINCINNATI State OH Zip Code 45230-1160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 09 / 30 / 2023  
**Transaction ID : SA.879123.24.TE06**  
 Amount of Each Receipt this Period 52.05  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. CIACCIO, JANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5491 BEECHMONT AVE APT 506  
 City CINCINNATI State OH Zip Code 45230-1160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 09 / 30 / 2023  
**Transaction ID : SA.879149.24.TE06**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. CIACCIO, JANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5491 BEECHMONT AVE APT 506  
 City CINCINNATI State OH Zip Code 45230-1160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 09 / 30 / 2023  
**Transaction ID : SA.879154.24.TE06**  
 Amount of Each Receipt this Period 104.10  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 61 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**CIACCIO, JANE, M., ,**

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

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

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**10 / 05 / 2023**

**Transaction ID : SA.879483.24.TE06**

Amount of Each Receipt this Period  
**1.04**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**10 / 05 / 2023**

**Transaction ID : SA.879575.24.TE06**

Amount of Each Receipt this Period  
**2.08**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**10 / 05 / 2023**

**Transaction ID : SA.879917.24.TE06**

Amount of Each Receipt this Period  
**10.41**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<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 62 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. CIACCIO, JANE, M., ,</b>		Date of Receipt MM / DD / YYYY 10 / 05 / 2023
Mailing Address 5491 BEECHMONT AVE APT 506		<b>Transaction ID : SA.879924.24.TE06</b>
City CINCINNATI	State OH	Zip Code 45230-1160
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.41
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. CIACCIO, JANE, M., ,</b>		Date of Receipt MM / DD / YYYY 10 / 17 / 2023
Mailing Address 5491 BEECHMONT AVE APT 506		<b>Transaction ID : SA.883678.24.TE06</b>
City CINCINNATI	State OH	Zip Code 45230-1160
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.99
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. CIACCIO, JANE, M., ,</b>		Date of Receipt MM / DD / YYYY 10 / 17 / 2023
Mailing Address 5491 BEECHMONT AVE APT 506		<b>Transaction ID : SA.883693.24.TE06</b>
City CINCINNATI	State OH	Zip Code 45230-1160
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.99
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 5000.00	TRANSFER FROM TEAM ELISE

<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 63 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**CIACCIO, JANE, M., ,**

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**10 / 17 / 2023**

**Transaction ID : SA.885277.24.TE06**

Amount of Each Receipt this Period  
**5.00**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**10 / 17 / 2023**

**Transaction ID : SA.886326.24.TE06**

Amount of Each Receipt this Period  
**25.00**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**10 / 17 / 2023**

**Transaction ID : SA.886729.24.TE06**

Amount of Each Receipt this Period  
**49.50**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<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 64 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. CIACCIO, JANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5491 BEECHMONT AVE APT 506  
 City CINCINNATI State OH Zip Code 45230-1160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 24 / 2023  
**Transaction ID : SA.895499.24.TE06**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. CIACCIO, JANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5491 BEECHMONT AVE APT 506  
 City CINCINNATI State OH Zip Code 45230-1160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 24 / 2023  
**Transaction ID : SA.896156.24.TE06**  
 Amount of Each Receipt this Period 49.50  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. CIACCIO, JANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5491 BEECHMONT AVE APT 506  
 City CINCINNATI State OH Zip Code 45230-1160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 24 / 2023  
**Transaction ID : SA.896172.24.TE06**  
 Amount of Each Receipt this Period 49.50  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. CIACCIO, JANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5491 BEECHMONT AVE APT 506  
 City CINCINNATI State OH Zip Code 45230-1160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 24 / 2023  
**Transaction ID : SA.896272.24.TE06**  
 Amount of Each Receipt this Period 99.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. CIACCIO, JANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5491 BEECHMONT AVE APT 506  
 City CINCINNATI State OH Zip Code 45230-1160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 24 / 2023  
**Transaction ID : SA.896285.24.TE06**  
 Amount of Each Receipt this Period 99.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. CIACCIO, JANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5491 BEECHMONT AVE APT 506  
 City CINCINNATI State OH Zip Code 45230-1160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 24 / 2023  
**Transaction ID : SA.896305.24.TE06**  
 Amount of Each Receipt this Period 104.10  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**CIACCIO, JANE, M., ,**

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**10 / 31 / 2023**

**Transaction ID : SA.903854.24.TE06**

Amount of Each Receipt this Period  
**0.99**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**10 / 31 / 2023**

**Transaction ID : SA.904289.24.TE06**

Amount of Each Receipt this Period  
**1.04**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**10 / 31 / 2023**

**Transaction ID : SA.906038.24.TE06**

Amount of Each Receipt this Period  
**26.03**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<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 67 OF 352
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**CIACCIO, JANE, M., ,**

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**10 / 31 / 2023**

**Transaction ID : SA.906048.24.TE06**

Amount of Each Receipt this Period  
**26.03**

Memo Item  
**TRANSFER**

**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**10 / 31 / 2023**

**Transaction ID : SA.906052.24.TE06**

Amount of Each Receipt this Period  
**26.03**

Memo Item  
**TRANSFER**

**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**10 / 31 / 2023**

**Transaction ID : SA.906454.24.TE06**

Amount of Each Receipt this Period  
**99.00**

Memo Item  
**TRANSFER**

**TRANSFER FROM TEAM ELISE**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<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 68 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**CIACCIO, JANE, M., ,**

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**10 / 31 / 2023**

**Transaction ID : SA.906483.24.TE06**

Amount of Each Receipt this Period  
**104.10**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**10 / 31 / 2023**

**Transaction ID : SA.906486.24.TE06**

Amount of Each Receipt this Period  
**104.10**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**11 / 07 / 2023**

**Transaction ID : SA.910430.24.TE06**

Amount of Each Receipt this Period  
**0.01**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<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 69 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. CIACCIO, JANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5491 BEECHMONT AVE APT 506  
 City CINCINNATI State OH Zip Code 45230-1160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 07 / 2023  
**Transaction ID : SA.910431.24.TE06**  
 Amount of Each Receipt this Period 0.01  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. CIACCIO, JANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5491 BEECHMONT AVE APT 506  
 City CINCINNATI State OH Zip Code 45230-1160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 07 / 2023  
**Transaction ID : SA.913991.24.TE06**  
 Amount of Each Receipt this Period 24.75  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. CIACCIO, JANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5491 BEECHMONT AVE APT 506  
 City CINCINNATI State OH Zip Code 45230-1160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 07 / 2023  
**Transaction ID : SA.914404.24.TE06**  
 Amount of Each Receipt this Period 26.03  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. CIACCIO, JANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5491 BEECHMONT AVE APT 506  
 City CINCINNATI State OH Zip Code 45230-1160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 07 / 2023  
**Transaction ID : SA.914426.24.TE06**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. CIACCIO, JANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5491 BEECHMONT AVE APT 506  
 City CINCINNATI State OH Zip Code 45230-1160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 07 / 2023  
**Transaction ID : SA.914647.24.TE06**  
 Amount of Each Receipt this Period 46.53  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. CIACCIO, JANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5491 BEECHMONT AVE APT 506  
 City CINCINNATI State OH Zip Code 45230-1160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 07 / 2023  
**Transaction ID : SA.914926.24.TE06**  
 Amount of Each Receipt this Period 104.10  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 71 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**CIACCIO, JANE, M., ,**

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

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

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**11 / 07 / 2023**

**Transaction ID : SA.914929.24.TE06**

Amount of Each Receipt this Period  
**104.10**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**11 / 14 / 2023**

**Transaction ID : SA.921734.24.TE06**

Amount of Each Receipt this Period  
**0.35**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**11 / 14 / 2023**

**Transaction ID : SA.921849.24.TE06**

Amount of Each Receipt this Period  
**0.85**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<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 72 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**CIACCIO, JANE, M., ,**

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**11 / 14 / 2023**

**Transaction ID : SA.921950.24.TE06**

Amount of Each Receipt this Period  
**0.85**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**11 / 14 / 2023**

**Transaction ID : SA.924803.24.TE06**

Amount of Each Receipt this Period  
**20.24**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**11 / 14 / 2023**

**Transaction ID : SA.925318.24.TE06**

Amount of Each Receipt this Period  
**39.95**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<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 73 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. CIACCIO, JANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5491 BEECHMONT AVE APT 506  
 City CINCINNATI State OH Zip Code 45230-1160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 14 / 2023  
**Transaction ID : SA.925333.24.TE06**  
 Amount of Each Receipt this Period 39.95  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. CIACCIO, JANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5491 BEECHMONT AVE APT 506  
 City CINCINNATI State OH Zip Code 45230-1160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 14 / 2023  
**Transaction ID : SA.925578.24.TE06**  
 Amount of Each Receipt this Period 104.10  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. CIACCIO, JANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5491 BEECHMONT AVE APT 506  
 City CINCINNATI State OH Zip Code 45230-1160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 21 / 2023  
**Transaction ID : SA.931999.24.TE06**  
 Amount of Each Receipt this Period 0.25  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 74 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**CIACCIO, JANE, M., ,**

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**11 / 21 / 2023**

**Transaction ID : SA.932576.24.TE06**

Amount of Each Receipt this Period  
**0.85**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**11 / 21 / 2023**

**Transaction ID : SA.932770.24.TE06**

Amount of Each Receipt this Period  
**0.99**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**11 / 21 / 2023**

**Transaction ID : SA.932942.24.TE06**

Amount of Each Receipt this Period  
**0.99**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<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 75 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. CIACCIO, JANE, M., ,</b>			Date of Receipt MM / DD / YYYY 11 / 21 / 2023
Mailing Address 5491 BEECHMONT AVE APT 506			<b>Transaction ID : SA.933136.24.TE06</b>
City CINCINNATI	State OH	Zip Code 45230-1160	Amount of Each Receipt this Period 0.00
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. CIACCIO, JANE, M., ,</b>			Date of Receipt MM / DD / YYYY 11 / 21 / 2023
Mailing Address 5491 BEECHMONT AVE APT 506			<b>Transaction ID : SA.937083.24.TE06</b>
City CINCINNATI	State OH	Zip Code 45230-1160	Amount of Each Receipt this Period 39.95
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. CIACCIO, JANE, M., ,</b>			Date of Receipt MM / DD / YYYY 11 / 21 / 2023
Mailing Address 5491 BEECHMONT AVE APT 506			<b>Transaction ID : SA.937100.24.TE06</b>
City CINCINNATI	State OH	Zip Code 45230-1160	Amount of Each Receipt this Period 39.95
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 5000.00		TRANSFER FROM TEAM ELISE

<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 76 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. CIACCIO, JANE, M., ,</b>			Date of Receipt MM / DD / YYYY 11 / 21 / 2023 <b>Transaction ID : SA.937112.24.TE06</b>
Mailing Address 5491 BEECHMONT AVE APT 506			Amount of Each Receipt this Period 39.95
City CINCINNATI	State OH	Zip Code 45230-1160	<input checked="" type="checkbox"/> Memo Item TRANSFER
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. CIACCIO, JANE, M., ,</b>			Date of Receipt MM / DD / YYYY 11 / 21 / 2023 <b>Transaction ID : SA.937171.24.TE06</b>
Mailing Address 5491 BEECHMONT AVE APT 506			Amount of Each Receipt this Period 48.93
City CINCINNATI	State OH	Zip Code 45230-1160	<input checked="" type="checkbox"/> Memo Item TRANSFER
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. CIACCIO, JANE, M., ,</b>			Date of Receipt MM / DD / YYYY 11 / 21 / 2023 <b>Transaction ID : SA.937340.24.TE06</b>
Mailing Address 5491 BEECHMONT AVE APT 506			Amount of Each Receipt this Period 85.00
City CINCINNATI	State OH	Zip Code 45230-1160	<input checked="" type="checkbox"/> Memo Item TRANSFER
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 5000.00		

<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 77 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**CIACCIO, JANE, M., ,**

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**11 / 21 / 2023**

**Transaction ID : SA.937397.24.TE06**

Amount of Each Receipt this Period  
**104.10**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**11 / 28 / 2023**

**Transaction ID : SA.943914.24.TE06**

Amount of Each Receipt this Period  
**0.85**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**11 / 28 / 2023**

**Transaction ID : SA.943975.24.TE06**

Amount of Each Receipt this Period  
**0.85**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<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 78 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
CIACCIO, JANE, M., ,

Mailing Address 5491 BEECHMONT AVE APT 506

City CINCINNATI	State OH	Zip Code 45230-1160
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2023

**Transaction ID : SA.944687.24.TE06**

Amount of Each Receipt this Period  
1.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 5491 BEECHMONT AVE APT 506

City CINCINNATI	State OH	Zip Code 45230-1160
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2023

**Transaction ID : SA.945937.24.TE06**

Amount of Each Receipt this Period  
5.21

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 5491 BEECHMONT AVE APT 506

City CINCINNATI	State OH	Zip Code 45230-1160
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2023

**Transaction ID : SA.946461.24.TE06**

Amount of Each Receipt this Period  
10.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 79 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**CIACCIO, JANE, M., ,**

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

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

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**11 / 28 / 2023**

**Transaction ID : SA.946463.24.TE06**

Amount of Each Receipt this Period  
**10.00**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**11 / 28 / 2023**

**Transaction ID : SA.947008.24.TE06**

Amount of Each Receipt this Period  
**26.03**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**11 / 28 / 2023**

**Transaction ID : SA.947128.24.TE06**

Amount of Each Receipt this Period  
**39.95**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<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 80 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**CIACCIO, JANE, M., ,**

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**11 / 28 / 2023**

**Transaction ID : SA.947129.24.TE06**

Amount of Each Receipt this Period  
**39.95**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 05 / 2023**

**Transaction ID : SA.953634.24.TE06**

Amount of Each Receipt this Period  
**5.21**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 05 / 2023**

**Transaction ID : SA.955386.24.TE06**

Amount of Each Receipt this Period  
**39.95**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<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 81 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**CIACCIO, JANE, M., ,**

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 05 / 2023**

**Transaction ID : SA.955394.24.TE06**

Amount of Each Receipt this Period  
**39.95**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 05 / 2023**

**Transaction ID : SA.955437.24.TE06**

Amount of Each Receipt this Period  
**46.53**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 05 / 2023**

**Transaction ID : SA.955484.24.TE06**

Amount of Each Receipt this Period  
**49.50**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<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 82 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**CIACCIO, JANE, M., ,**

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 05 / 2023**

**Transaction ID : SA.95577.24.TE06**

Amount of Each Receipt this Period  
**50.00**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 05 / 2023**

**Transaction ID : SA.955601.24.TE06**

Amount of Each Receipt this Period  
**52.05**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 05 / 2023**

**Transaction ID : SA.955604.24.TE06**

Amount of Each Receipt this Period  
**52.05**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<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 83 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**CIACCIO, JANE, M., ,**

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 05 / 2023**

**Transaction ID : SA.955646.24.TE06**

Amount of Each Receipt this Period  
**99.00**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 12 / 2023**

**Transaction ID : SA.960667.24.TE06**

Amount of Each Receipt this Period  
**0.99**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 12 / 2023**

**Transaction ID : SA.961871.24.TE06**

Amount of Each Receipt this Period  
**3.40**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<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 84 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**CIACCIO, JANE, M., ,**

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 12 / 2023**

**Transaction ID : SA.962607.24.TE06**

Amount of Each Receipt this Period  
**5.21**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 12 / 2023**

**Transaction ID : SA.964187.24.TE06**

Amount of Each Receipt this Period  
**39.95**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 12 / 2023**

**Transaction ID : SA.964208.24.TE06**

Amount of Each Receipt this Period  
**39.95**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<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 85 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. CIACCIO, JANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5491 BEECHMONT AVE APT 506  
 City CINCINNATI State OH Zip Code 45230-1160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2023  
**Transaction ID : SA.967022.24.TE06**  
 Amount of Each Receipt this Period  
 0.85  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. CIACCIO, JANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5491 BEECHMONT AVE APT 506  
 City CINCINNATI State OH Zip Code 45230-1160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2023  
**Transaction ID : SA.967071.24.TE06**  
 Amount of Each Receipt this Period  
 0.85  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. CIACCIO, JANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5491 BEECHMONT AVE APT 506  
 City CINCINNATI State OH Zip Code 45230-1160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2023  
**Transaction ID : SA.970061.24.TE06**  
 Amount of Each Receipt this Period  
 49.50  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 86 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. CIACCIO, JANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5491 BEECHMONT AVE APT 506  
 City CINCINNATI State OH Zip Code 45230-1160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 12 / 13 / 2023  
**Transaction ID : SA.970180.24.TE06**  
 Amount of Each Receipt this Period 52.05  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. CIACCIO, JANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5491 BEECHMONT AVE APT 506  
 City CINCINNATI State OH Zip Code 45230-1160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 12 / 13 / 2023  
**Transaction ID : SA.970262.24.TE06**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. CIACCIO, JANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5491 BEECHMONT AVE APT 506  
 City CINCINNATI State OH Zip Code 45230-1160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 12 / 13 / 2023  
**Transaction ID : SA.970276.24.TE06**  
 Amount of Each Receipt this Period 104.10  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 87 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**EICHEL, LAURENCE, , ,**

Mailing Address **P.O. BOX 600**

City **WELLINGTON** State **CO** Zip Code **80549-0600**

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 ▼ **1145.11**

Date of Receipt **09 / 30 / 2023**  
**Transaction ID : SA.879007.24.TE06**

Amount of Each Receipt this Period **35.00**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **P.O. BOX 600**

City **WELLINGTON** State **CO** Zip Code **80549-0600**

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 ▼ **1145.11**

Date of Receipt **10 / 10 / 2023**  
**Transaction ID : SA.882383.24.TE06**

Amount of Each Receipt this Period **10.00**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **P.O. BOX 600**

City **WELLINGTON** State **CO** Zip Code **80549-0600**

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 ▼ **1145.11**

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.884065.24.TE06**

Amount of Each Receipt this Period **1.00**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 88 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
EICHEL, LAURENCE, , ,

Mailing Address P.O. BOX 600

City WELLINGTON State CO Zip Code 80549-0600

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 ▼ 1145.11

Date of Receipt 10 / 17 / 2023  
**Transaction ID : SA.886394.24.TE06**

Amount of Each Receipt this Period 26.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address P.O. BOX 600

City WELLINGTON State CO Zip Code 80549-0600

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 ▼ 1145.11

Date of Receipt 10 / 17 / 2023  
**Transaction ID : SA.886592.24.TE06**

Amount of Each Receipt this Period 35.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address P.O. BOX 600

City WELLINGTON State CO Zip Code 80549-0600

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 ▼ 1145.11

Date of Receipt 10 / 17 / 2023  
**Transaction ID : SA.886661.24.TE06**

Amount of Each Receipt this Period 39.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 89 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
EICHEL, LAURENCE, , ,

Mailing Address P.O. BOX 600

City WELLINGTON State CO Zip Code 80549-0600

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 ▼ 1145.11

Date of Receipt 10 / 24 / 2023  
**Transaction ID : SA.895640.24.TE06**

Amount of Each Receipt this Period 19.80

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address P.O. BOX 600

City WELLINGTON State CO Zip Code 80549-0600

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 ▼ 1145.11

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA.905792.24.TE06**

Amount of Each Receipt this Period 20.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address P.O. BOX 600

City WELLINGTON State CO Zip Code 80549-0600

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 ▼ 1145.11

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA.906082.24.TE06**

Amount of Each Receipt this Period 33.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 90 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. EICHEL, LAURENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 600  
 City WELLINGTON State CO Zip Code 80549-0600  
 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 ▼ 1145.11

Date of Receipt 11 / 07 / 2023  
**Transaction ID : SA.914374.24.TE06**  
 Amount of Each Receipt this Period 26.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. EICHEL, LAURENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 600  
 City WELLINGTON State CO Zip Code 80549-0600  
 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 ▼ 1145.11

Date of Receipt 11 / 14 / 2023  
**Transaction ID : SA.924550.24.TE06**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. EICHEL, LAURENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 600  
 City WELLINGTON State CO Zip Code 80549-0600  
 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 ▼ 1145.11

Date of Receipt 11 / 14 / 2023  
**Transaction ID : SA.925284.24.TE06**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 91 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. EICHEL, LAURENCE, , ,</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>11 / 14 / 2023</b>
Mailing Address <b>P.O. BOX 600</b>		<b>Transaction ID : SA.925310.24.TE06</b>
City <b>WELLINGTON</b>	State <b>CO</b>	Zip Code <b>80549-0600</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>39.00</b>
Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1145.11</b>	<b>TRANSFER</b>
		<b>TRANSFER FROM TEAM ELISE</b>

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. EICHEL, LAURENCE, , ,</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>11 / 21 / 2023</b>
Mailing Address <b>P.O. BOX 600</b>		<b>Transaction ID : SA.933557.24.TE06</b>
City <b>WELLINGTON</b>	State <b>CO</b>	Zip Code <b>80549-0600</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1.00</b>
Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1145.11</b>	<b>TRANSFER</b>
		<b>TRANSFER FROM TEAM ELISE</b>

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. EICHEL, LAURENCE, , ,</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>11 / 21 / 2023</b>
Mailing Address <b>P.O. BOX 600</b>		<b>Transaction ID : SA.936877.24.TE06</b>
City <b>WELLINGTON</b>	State <b>CO</b>	Zip Code <b>80549-0600</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>26.00</b>
Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <b>1145.11</b>	<b>TRANSFER</b>
		<b>TRANSFER FROM TEAM ELISE</b>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>0.00</b>
<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 92 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. EICHEL, LAURENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 600  
 City WELLINGTON State CO Zip Code 80549-0600  
 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 ▼ 1145.11

Date of Receipt **11 / 21 / 2023**  
**Transaction ID : SA.937038.24.TE06**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. EICHEL, LAURENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 600  
 City WELLINGTON State CO Zip Code 80549-0600  
 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 ▼ 1145.11

Date of Receipt **11 / 28 / 2023**  
**Transaction ID : SA.946667.24.TE06**  
 Amount of Each Receipt this Period 19.80  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. EICHEL, LAURENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 600  
 City WELLINGTON State CO Zip Code 80549-0600  
 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 ▼ 1145.11

Date of Receipt **11 / 28 / 2023**  
**Transaction ID : SA.946693.24.TE06**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 93 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. EICHEL, LAURENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 600  
 City WELLINGTON State CO Zip Code 80549-0600  
 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 ▼ 1145.11

Date of Receipt 12 / 05 / 2023  
**Transaction ID : SA.955150.24.TE06**  
 Amount of Each Receipt this Period 26.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. EICHEL, LAURENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 600  
 City WELLINGTON State CO Zip Code 80549-0600  
 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 ▼ 1145.11

Date of Receipt 12 / 05 / 2023  
**Transaction ID : SA.955199.24.TE06**  
 Amount of Each Receipt this Period 33.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. EICHEL, LAURENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 600  
 City WELLINGTON State CO Zip Code 80549-0600  
 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 ▼ 1145.11

Date of Receipt 12 / 12 / 2023  
**Transaction ID : SA.964175.24.TE06**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 94 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. EICHEL, LAURENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 600  
 City WELLINGTON State CO Zip Code 80549-0600  
 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 ▼ 1145.11

Date of Receipt 12 / 13 / 2023  
**Transaction ID : SA.969823.24.TE06**  
 Amount of Each Receipt this Period 26.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. EICHEL, LAURENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 600  
 City WELLINGTON State CO Zip Code 80549-0600  
 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 ▼ 1145.11

Date of Receipt 12 / 13 / 2023  
**Transaction ID : SA.969951.24.TE06**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 05 / 16 / 2023  
**Transaction ID : SA.748651.24.TE06**  
 Amount of Each Receipt this Period 10.36  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 95 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 05 / 2023**  
**Transaction ID : SA.879605.24.TE06**  
 Amount of Each Receipt this Period 2.64  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 05 / 2023**  
**Transaction ID : SA.879618.24.TE06**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 10 / 2023**  
**Transaction ID : SA.881820.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 96 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2023  
**Transaction ID : SA.881821.24.TE06**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2023  
**Transaction ID : SA.881824.24.TE06**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2023  
**Transaction ID : SA.881846.24.TE06**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 97 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 10 / 2023  
**Transaction ID : SA.882044.24.TE06**  
 Amount of Each Receipt this Period 2.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 10 / 2023  
**Transaction ID : SA.882245.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 10 / 2023  
**Transaction ID : SA.882284.24.TE06**  
 Amount of Each Receipt this Period 7.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 98 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.883468.24.TE06**  
 Amount of Each Receipt this Period 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.883566.24.TE06**  
 Amount of Each Receipt this Period 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.883697.24.TE06**  
 Amount of Each Receipt this Period 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 99 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.883888.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.883889.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.883917.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 100 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt: 10 / 17 / 2023  
**Transaction ID : SA.883949.24.TE06**  
 Amount of Each Receipt this Period: 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt: 10 / 17 / 2023  
**Transaction ID : SA.883965.24.TE06**  
 Amount of Each Receipt this Period: 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt: 10 / 17 / 2023  
**Transaction ID : SA.884048.24.TE06**  
 Amount of Each Receipt this Period: 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 101 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.884077.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.884121.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.884140.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 102 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 17 / 2023  
**Transaction ID : SA.884146.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 17 / 2023  
**Transaction ID : SA.884184.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 17 / 2023  
**Transaction ID : SA.884186.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.884209.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.884210.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.884211.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 104 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.884216.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.884280.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.884285.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 105 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.884650.24.TE06**  
 Amount of Each Receipt this Period 2.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.884666.24.TE06**  
 Amount of Each Receipt this Period 2.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.884812.24.TE06**  
 Amount of Each Receipt this Period 2.97  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 106 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 17 / 2023  
**Transaction ID : SA.884830.24.TE06**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 17 / 2023  
**Transaction ID : SA.884832.24.TE06**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 17 / 2023  
**Transaction ID : SA.884833.24.TE06**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 107 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
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**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.884848.24.TE06**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.884849.24.TE06**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.884856.24.TE06**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 108 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.884857.24.TE06**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.884861.24.TE06**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.884862.24.TE06**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 109 OF 352
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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 17 / 2023  
**Transaction ID : SA.884863.24.TE06**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 17 / 2023  
**Transaction ID : SA.885318.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 17 / 2023  
**Transaction ID : SA.885324.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 110 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
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**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.885326.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.885345.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.885363.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 OF 352  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2023  
**Transaction ID : SA.885374.24.TE06**  
 Amount of Each Receipt this Period  
 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2023  
**Transaction ID : SA.885375.24.TE06**  
 Amount of Each Receipt this Period  
 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
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 10 / 17 / 2023  
**Transaction ID : SA.885376.24.TE06**  
 Amount of Each Receipt this Period  
 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 112 OF 352  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.885423.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.885425.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 17 / 2023**  
**Transaction ID : SA.885433.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 113 OF 352  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA.893439.24.TE06**  
 Amount of Each Receipt this Period  
 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA.893475.24.TE06**  
 Amount of Each Receipt this Period  
 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA.893584.24.TE06**  
 Amount of Each Receipt this Period  
 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 114 OF 352  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. MAKOWSKI, BRUCE, , ,**

Mailing Address 1302 N STEPHEN AVE

City CLAWSON State MI Zip Code 48017-1279

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 ▼  
2190.36

Date of Receipt  
10 / 24 / 2023  
**Transaction ID : SA.893642.24.TE06**

Amount of Each Receipt this Period  
1.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 1302 N STEPHEN AVE

City CLAWSON State MI Zip Code 48017-1279

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 ▼  
2190.36

Date of Receipt  
10 / 24 / 2023  
**Transaction ID : SA.893668.24.TE06**

Amount of Each Receipt this Period  
1.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 1302 N STEPHEN AVE

City CLAWSON State MI Zip Code 48017-1279

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 ▼  
2190.36

Date of Receipt  
10 / 24 / 2023  
**Transaction ID : SA.893692.24.TE06**

Amount of Each Receipt this Period  
1.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 115 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 24 / 2023  
**Transaction ID : SA.893703.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 24 / 2023  
**Transaction ID : SA.893737.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 24 / 2023  
**Transaction ID : SA.893808.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 116 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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**A. MAKOWSKI, BRUCE, , ,**  
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 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA.893827.24.TE06**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA.893832.24.TE06**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA.893852.24.TE06**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 117 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 24 / 2023  
**Transaction ID : SA.893856.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 24 / 2023  
**Transaction ID : SA.893874.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 24 / 2023  
**Transaction ID : SA.893875.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 118 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA.893876.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA.893902.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA.893911.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 119 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 24 / 2023**  
**Transaction ID : SA.894003.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 24 / 2023**  
**Transaction ID : SA.894032.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 24 / 2023**  
**Transaction ID : SA.894048.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 120 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 24 / 2023**  
**Transaction ID : SA.894049.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 24 / 2023**  
**Transaction ID : SA.894054.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 24 / 2023**  
**Transaction ID : SA.894175.24.TE06**  
 Amount of Each Receipt this Period 1.98  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 121 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA.894265.24.TE06**  
 Amount of Each Receipt this Period 2.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA.894293.24.TE06**  
 Amount of Each Receipt this Period 2.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA.894388.24.TE06**  
 Amount of Each Receipt this Period 2.24  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 122 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA.894408.24.TE06**  
 Amount of Each Receipt this Period  
 2.97  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA.894411.24.TE06**  
 Amount of Each Receipt this Period  
 2.97  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA.894445.24.TE06**  
 Amount of Each Receipt this Period  
 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 123 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA.894446.24.TE06**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA.894472.24.TE06**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA.894473.24.TE06**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 124 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA.894483.24.TE06**  
 Amount of Each Receipt this Period  
 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA.894488.24.TE06**  
 Amount of Each Receipt this Period  
 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA.894493.24.TE06**  
 Amount of Each Receipt this Period  
 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 125 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA.894494.24.TE06**  
 Amount of Each Receipt this Period  
 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA.894513.24.TE06**  
 Amount of Each Receipt this Period  
 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA.894726.24.TE06**  
 Amount of Each Receipt this Period  
 4.95  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 126 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2023 <b>Transaction ID : SA.894808.24.TE06</b>
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 5.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2023 <b>Transaction ID : SA.894813.24.TE06</b>
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 5.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2023 <b>Transaction ID : SA.894816.24.TE06</b>
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 5.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	

<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 127 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 24 / 2023**  
**Transaction ID : SA.894945.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 24 / 2023**  
**Transaction ID : SA.895371.24.TE06**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 24 / 2023**  
**Transaction ID : SA.895601.24.TE06**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 128 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA.903986.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA.903994.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA.904011.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 129 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt: 10 / 31 / 2023  
**Transaction ID : SA.904012.24.TE06**  
 Amount of Each Receipt this Period: 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt: 10 / 31 / 2023  
**Transaction ID : SA.904013.24.TE06**  
 Amount of Each Receipt this Period: 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt: 10 / 31 / 2023  
**Transaction ID : SA.904045.24.TE06**  
 Amount of Each Receipt this Period: 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 130 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt: 10 / 31 / 2023  
**Transaction ID : SA.904049.24.TE06**  
 Amount of Each Receipt this Period: 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt: 10 / 31 / 2023  
**Transaction ID : SA.904078.24.TE06**  
 Amount of Each Receipt this Period: 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt: 10 / 31 / 2023  
**Transaction ID : SA.904087.24.TE06**  
 Amount of Each Receipt this Period: 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 131 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2023  
**Transaction ID : SA.904088.24.TE06**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2023  
**Transaction ID : SA.904107.24.TE06**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2023  
**Transaction ID : SA.904112.24.TE06**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 132 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA.904113.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA.904170.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA.904195.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 133 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 31 / 2023**  
**Transaction ID : SA.904248.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 31 / 2023**  
**Transaction ID : SA.904263.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 31 / 2023**  
**Transaction ID : SA.904337.24.TE06**  
 Amount of Each Receipt this Period 1.49  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 134 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 31 / 2023
Mailing Address 1302 N STEPHEN AVE		<b>Transaction ID : SA.904484.24.TE06</b>
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 31 / 2023
Mailing Address 1302 N STEPHEN AVE		<b>Transaction ID : SA.904491.24.TE06</b>
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 31 / 2023
Mailing Address 1302 N STEPHEN AVE		<b>Transaction ID : SA.904505.24.TE06</b>
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

<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 135 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt: 10 / 31 / 2023  
**Transaction ID : SA.904547.24.TE06**  
 Amount of Each Receipt this Period: 2.97  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt: 10 / 31 / 2023  
**Transaction ID : SA.904586.24.TE06**  
 Amount of Each Receipt this Period: 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt: 10 / 31 / 2023  
**Transaction ID : SA.904587.24.TE06**  
 Amount of Each Receipt this Period: 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 136 OF 352  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2023  
**Transaction ID : SA.904608.24.TE06**  
 Amount of Each Receipt this Period  
 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2023  
**Transaction ID : SA.904613.24.TE06**  
 Amount of Each Receipt this Period  
 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2023  
**Transaction ID : SA.904614.24.TE06**  
 Amount of Each Receipt this Period  
 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

0.00



**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 137 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA.904619.24.TE06**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA.904620.24.TE06**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA.904621.24.TE06**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 138 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 31 / 2023**  
**Transaction ID : SA.904627.24.TE06**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 31 / 2023**  
**Transaction ID : SA.904631.24.TE06**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **10 / 31 / 2023**  
**Transaction ID : SA.904918.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 139 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA.904921.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA.904944.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA.904989.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 140 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA.905013.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA.905017.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA.905041.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 141 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA.905056.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA.905059.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA.905202.24.TE06**  
 Amount of Each Receipt this Period 7.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 142 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 07 / 2023  
**Transaction ID : SA.910890.24.TE06**  
 Amount of Each Receipt this Period 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 07 / 2023  
**Transaction ID : SA.910941.24.TE06**  
 Amount of Each Receipt this Period 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 07 / 2023  
**Transaction ID : SA.910970.24.TE06**  
 Amount of Each Receipt this Period 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 143 OF 352  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2023  
**Transaction ID : SA.911012.24.TE06**  
 Amount of Each Receipt this Period 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2023  
**Transaction ID : SA.911024.24.TE06**  
 Amount of Each Receipt this Period 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2023  
**Transaction ID : SA.911067.24.TE06**  
 Amount of Each Receipt this Period 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

0.00

# 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 144 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 07 / 2023  
**Transaction ID : SA.911079.24.TE06**  
 Amount of Each Receipt this Period 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 07 / 2023  
**Transaction ID : SA.911107.24.TE06**  
 Amount of Each Receipt this Period 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 07 / 2023  
**Transaction ID : SA.911113.24.TE06**  
 Amount of Each Receipt this Period 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 145 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2023  
**Transaction ID : SA.911203.24.TE06**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2023  
**Transaction ID : SA.911210.24.TE06**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2023  
**Transaction ID : SA.911213.24.TE06**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 146 OF 352  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15			

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**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1302 N STEPHEN AVE

City CLAWSON	State MI	Zip Code 48017-1279
-----------------	-------------	------------------------

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 ▼  
2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2023

**Transaction ID : SA.911223.24.TE06**

Amount of Each Receipt this Period  
1.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 1302 N STEPHEN AVE

City CLAWSON	State MI	Zip Code 48017-1279
-----------------	-------------	------------------------

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 ▼  
2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2023

**Transaction ID : SA.911248.24.TE06**

Amount of Each Receipt this Period  
1.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 1302 N STEPHEN AVE

City CLAWSON	State MI	Zip Code 48017-1279
-----------------	-------------	------------------------

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 ▼  
2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2023

**Transaction ID : SA.911251.24.TE06**

Amount of Each Receipt this Period  
1.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 147 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 07 / 2023  
**Transaction ID : SA.911256.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 07 / 2023  
**Transaction ID : SA.911267.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 07 / 2023  
**Transaction ID : SA.911283.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 148 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 07 / 2023**  
**Transaction ID : SA.911289.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 07 / 2023**  
**Transaction ID : SA.911296.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 07 / 2023**  
**Transaction ID : SA.911307.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 149 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2023  
**Transaction ID : SA.911310.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2023  
**Transaction ID : SA.911319.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2023  
**Transaction ID : SA.911326.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 150 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 07 / 2023  
**Transaction ID : SA.911327.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 07 / 2023  
**Transaction ID : SA.911340.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 07 / 2023  
**Transaction ID : SA.911346.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 151 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt: 11 / 07 / 2023  
**Transaction ID : SA.911357.24.TE06**  
 Amount of Each Receipt this Period: 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt: 11 / 07 / 2023  
**Transaction ID : SA.911440.24.TE06**  
 Amount of Each Receipt this Period: 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt: 11 / 07 / 2023  
**Transaction ID : SA.911600.24.TE06**  
 Amount of Each Receipt this Period: 1.96  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 152 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 07 / 2023  
**Transaction ID : SA.911660.24.TE06**  
 Amount of Each Receipt this Period 1.98  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 07 / 2023  
**Transaction ID : SA.911680.24.TE06**  
 Amount of Each Receipt this Period 1.98  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 07 / 2023  
**Transaction ID : SA.911712.24.TE06**  
 Amount of Each Receipt this Period 2.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 153 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 07 / 2023**  
**Transaction ID : SA.911717.24.TE06**  
 Amount of Each Receipt this Period 2.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 07 / 2023**  
**Transaction ID : SA.911735.24.TE06**  
 Amount of Each Receipt this Period 2.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 07 / 2023**  
**Transaction ID : SA.911736.24.TE06**  
 Amount of Each Receipt this Period 2.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 154 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 07 / 2023
Mailing Address 1302 N STEPHEN AVE		<b>Transaction ID : SA.911745.24.TE06</b>
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 07 / 2023
Mailing Address 1302 N STEPHEN AVE		<b>Transaction ID : SA.911853.24.TE06</b>
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2.97
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 07 / 2023
Mailing Address 1302 N STEPHEN AVE		<b>Transaction ID : SA.911855.24.TE06</b>
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2.97
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

<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 155 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 07 / 2023**  
**Transaction ID : SA.911888.24.TE06**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 07 / 2023**  
**Transaction ID : SA.911916.24.TE06**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 07 / 2023**  
**Transaction ID : SA.911920.24.TE06**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 156 OF 352  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1302 N STEPHEN AVE

City CLAWSON	State MI	Zip Code 48017-1279
-----------------	-------------	------------------------

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 ▼  
2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2023

**Transaction ID : SA.911929.24.TE06**

Amount of Each Receipt this Period  
3.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 1302 N STEPHEN AVE

City CLAWSON	State MI	Zip Code 48017-1279
-----------------	-------------	------------------------

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 ▼  
2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2023

**Transaction ID : SA.911937.24.TE06**

Amount of Each Receipt this Period  
3.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 1302 N STEPHEN AVE

City CLAWSON	State MI	Zip Code 48017-1279
-----------------	-------------	------------------------

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 ▼  
2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2023

**Transaction ID : SA.912582.24.TE06**

Amount of Each Receipt this Period  
5.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 157 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt: 11 / 07 / 2023  
**Transaction ID : SA.912598.24.TE06**  
 Amount of Each Receipt this Period: 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt: 11 / 07 / 2023  
**Transaction ID : SA.912667.24.TE06**  
 Amount of Each Receipt this Period: 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt: 11 / 07 / 2023  
**Transaction ID : SA.912674.24.TE06**  
 Amount of Each Receipt this Period: 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 158 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 07 / 2023  
**Transaction ID : SA.912710.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 07 / 2023  
**Transaction ID : SA.912717.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 07 / 2023  
**Transaction ID : SA.912725.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 159 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2023  
**Transaction ID : SA.912744.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2023  
**Transaction ID : SA.912756.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2023  
**Transaction ID : SA.913364.24.TE06**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 160 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt: 11 / 14 / 2023  
**Transaction ID : SA.922052.24.TE06**  
 Amount of Each Receipt this Period: 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt: 11 / 14 / 2023  
**Transaction ID : SA.922095.24.TE06**  
 Amount of Each Receipt this Period: 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt: 11 / 14 / 2023  
**Transaction ID : SA.922140.24.TE06**  
 Amount of Each Receipt this Period: 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 161 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 11 / 14 / 2023  
**Transaction ID : SA.922342.24.TE06**  
 Amount of Each Receipt this Period 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 11 / 14 / 2023  
**Transaction ID : SA.922421.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 11 / 14 / 2023  
**Transaction ID : SA.922423.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 162 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 14 / 2023**  
**Transaction ID : SA.922450.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 14 / 2023**  
**Transaction ID : SA.922451.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 14 / 2023**  
**Transaction ID : SA.922453.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 163 OF 352  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2023  
**Transaction ID : SA.922456.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2023  
**Transaction ID : SA.922471.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2023  
**Transaction ID : SA.922473.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 164 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt MM / DD / YYYY <b>11 / 14 / 2023</b>
Mailing Address <b>1302 N STEPHEN AVE</b>		<b>Transaction ID : SA.922474.24.TE06</b>
City <b>CLAWSON</b>	State <b>MI</b>	Zip Code <b>48017-1279</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1.00</b>
Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>2190.36</b>	<b>TRANSFER</b>
		<b>TRANSFER FROM TEAM ELISE</b>

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt MM / DD / YYYY <b>11 / 14 / 2023</b>
Mailing Address <b>1302 N STEPHEN AVE</b>		<b>Transaction ID : SA.922479.24.TE06</b>
City <b>CLAWSON</b>	State <b>MI</b>	Zip Code <b>48017-1279</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1.00</b>
Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>2190.36</b>	<b>TRANSFER</b>
		<b>TRANSFER FROM TEAM ELISE</b>

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt MM / DD / YYYY <b>11 / 14 / 2023</b>
Mailing Address <b>1302 N STEPHEN AVE</b>		<b>Transaction ID : SA.922501.24.TE06</b>
City <b>CLAWSON</b>	State <b>MI</b>	Zip Code <b>48017-1279</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1.00</b>
Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <b>2190.36</b>	<b>TRANSFER</b>
		<b>TRANSFER FROM TEAM ELISE</b>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>0.00</b>
<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 165 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 14 / 2023  
**Transaction ID : SA.922525.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 14 / 2023  
**Transaction ID : SA.922527.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 14 / 2023  
**Transaction ID : SA.922531.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 166 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 14 / 2023  
**Transaction ID : SA.922548.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 14 / 2023  
**Transaction ID : SA.922550.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 14 / 2023  
**Transaction ID : SA.922556.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 167 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 14 / 2023  
**Transaction ID : SA.922586.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 14 / 2023  
**Transaction ID : SA.922589.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 14 / 2023  
**Transaction ID : SA.922593.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 168 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
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**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 14 / 2023  
**Transaction ID : SA.922597.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 14 / 2023  
**Transaction ID : SA.922612.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 14 / 2023  
**Transaction ID : SA.922613.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 169 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2023  
**Transaction ID : SA.922614.24.TE06**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2023  
**Transaction ID : SA.922634.24.TE06**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2023  
**Transaction ID : SA.922636.24.TE06**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 170 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
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**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2023  
**Transaction ID : SA.922642.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2023  
**Transaction ID : SA.922673.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2023  
**Transaction ID : SA.922848.24.TE06**  
 Amount of Each Receipt this Period 1.98  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 171 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 14 / 2023**  
**Transaction ID : SA.922849.24.TE06**  
 Amount of Each Receipt this Period 1.98  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 14 / 2023**  
**Transaction ID : SA.922862.24.TE06**  
 Amount of Each Receipt this Period 1.98  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 14 / 2023**  
**Transaction ID : SA.922878.24.TE06**  
 Amount of Each Receipt this Period 1.98  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 172 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 14 / 2023 <b>Transaction ID : SA.922937.24.TE06</b>
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 2.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 14 / 2023 <b>Transaction ID : SA.922951.24.TE06</b>
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 2.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 14 / 2023 <b>Transaction ID : SA.922991.24.TE06</b>
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 2.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	

<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 173 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 14 / 2023**  
**Transaction ID : SA.923116.24.TE06**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 14 / 2023**  
**Transaction ID : SA.923124.24.TE06**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 14 / 2023**  
**Transaction ID : SA.923535.24.TE06**  
 Amount of Each Receipt this Period 4.95  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 174 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 14 / 2023**  
**Transaction ID : SA.923806.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 14 / 2023**  
**Transaction ID : SA.923813.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 14 / 2023**  
**Transaction ID : SA.923815.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 175 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 11 / 14 / 2023  
**Transaction ID : SA.923850.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 11 / 14 / 2023  
**Transaction ID : SA.923853.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 11 / 14 / 2023  
**Transaction ID : SA.923867.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 176 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 14 / 2023**  
**Transaction ID : SA.923927.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 14 / 2023**  
**Transaction ID : SA.923928.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 14 / 2023**  
**Transaction ID : SA.924501.24.TE06**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 177 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 21 / 2023**  
**Transaction ID : SA.931610.24.TE06**  
 Amount of Each Receipt this Period 0.01  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 21 / 2023**  
**Transaction ID : SA.931684.24.TE06**  
 Amount of Each Receipt this Period 0.01  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 21 / 2023**  
**Transaction ID : SA.931707.24.TE06**  
 Amount of Each Receipt this Period 0.01  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 178 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 21 / 2023  
**Transaction ID : SA.932840.24.TE06**  
 Amount of Each Receipt this Period 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 21 / 2023  
**Transaction ID : SA.932867.24.TE06**  
 Amount of Each Receipt this Period 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 21 / 2023  
**Transaction ID : SA.932868.24.TE06**  
 Amount of Each Receipt this Period 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 179 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 21 / 2023  
**Transaction ID : SA.932869.24.TE06**  
 Amount of Each Receipt this Period 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 21 / 2023  
**Transaction ID : SA.932913.24.TE06**  
 Amount of Each Receipt this Period 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 21 / 2023  
**Transaction ID : SA.932922.24.TE06**  
 Amount of Each Receipt this Period 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 180 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt: 11 / 21 / 2023  
**Transaction ID : SA.932933.24.TE06**  
 Amount of Each Receipt this Period: 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt: 11 / 21 / 2023  
**Transaction ID : SA.933005.24.TE06**  
 Amount of Each Receipt this Period: 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt: 11 / 21 / 2023  
**Transaction ID : SA.933074.24.TE06**  
 Amount of Each Receipt this Period: 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 181 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 21 / 2023  
**Transaction ID : SA.933076.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 21 / 2023  
**Transaction ID : SA.933080.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 21 / 2023  
**Transaction ID : SA.933096.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 182 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2023  
**Transaction ID : SA.933106.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2023  
**Transaction ID : SA.933155.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2023  
**Transaction ID : SA.933159.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 183 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 21 / 2023  
**Transaction ID : SA.933163.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 21 / 2023  
**Transaction ID : SA.933207.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 21 / 2023  
**Transaction ID : SA.933208.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 184 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2023  
**Transaction ID : SA.933246.24.TE06**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2023  
**Transaction ID : SA.933248.24.TE06**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2023  
**Transaction ID : SA.933276.24.TE06**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 185 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 21 / 2023  
**Transaction ID : SA.933278.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 21 / 2023  
**Transaction ID : SA.933293.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 21 / 2023  
**Transaction ID : SA.933334.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 186 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 21 / 2023**  
**Transaction ID : SA.933344.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 21 / 2023**  
**Transaction ID : SA.933380.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 21 / 2023**  
**Transaction ID : SA.933394.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 187 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 21 / 2023  
**Transaction ID : SA.933399.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 21 / 2023  
**Transaction ID : SA.933403.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 21 / 2023  
**Transaction ID : SA.933404.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 188 OF 352  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
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**A. MAKOWSKI, BRUCE, , ,**  
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 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2023  
**Transaction ID : SA.933405.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2023  
**Transaction ID : SA.933408.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2023  
**Transaction ID : SA.933426.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

0.00

**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 189 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 21 / 2023  
**Transaction ID : SA.933449.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 21 / 2023  
**Transaction ID : SA.933455.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 21 / 2023  
**Transaction ID : SA.933482.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 190 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 11 / 21 / 2023  
**Transaction ID : SA.933483.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 11 / 21 / 2023  
**Transaction ID : SA.933526.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 11 / 21 / 2023  
**Transaction ID : SA.933527.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 191 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
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**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 21 / 2023  
**Transaction ID : SA.933541.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 21 / 2023  
**Transaction ID : SA.933579.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 21 / 2023  
**Transaction ID : SA.933605.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 192 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 21 / 2023  
**Transaction ID : SA.933609.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 21 / 2023  
**Transaction ID : SA.933610.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 21 / 2023  
**Transaction ID : SA.933616.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 193 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 21 / 2023**  
**Transaction ID : SA.933989.24.TE06**  
 Amount of Each Receipt this Period 2.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 21 / 2023**  
**Transaction ID : SA.933990.24.TE06**  
 Amount of Each Receipt this Period 2.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 21 / 2023**  
**Transaction ID : SA.934127.24.TE06**  
 Amount of Each Receipt this Period 2.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 194 OF 352  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2023  
**Transaction ID : SA.934248.24.TE06**  
 Amount of Each Receipt this Period  
 2.97  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2023  
**Transaction ID : SA.934258.24.TE06**  
 Amount of Each Receipt this Period  
 2.97  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2023  
**Transaction ID : SA.934322.24.TE06**  
 Amount of Each Receipt this Period  
 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 195 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 21 / 2023**  
**Transaction ID : SA.935136.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 21 / 2023**  
**Transaction ID : SA.935147.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 21 / 2023**  
**Transaction ID : SA.935195.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 196 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 21 / 2023**  
**Transaction ID : SA.935230.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 21 / 2023**  
**Transaction ID : SA.935248.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **11 / 21 / 2023**  
**Transaction ID : SA.935895.24.TE06**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 197 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 28 / 2023  
**Transaction ID : SA.943352.24.TE06**  
 Amount of Each Receipt this Period 0.01  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 28 / 2023  
**Transaction ID : SA.943374.24.TE06**  
 Amount of Each Receipt this Period 0.01  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 28 / 2023  
**Transaction ID : SA.943378.24.TE06**  
 Amount of Each Receipt this Period 0.01  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 198 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
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**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : SA.944387.24.TE06**  
 Amount of Each Receipt this Period  
 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : SA.944471.24.TE06**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : SA.944485.24.TE06**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 199 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : SA.944544.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : SA.944563.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : SA.944564.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 200 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : SA.944565.24.TE06**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : SA.944567.24.TE06**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : SA.944600.24.TE06**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 201 OF 352
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2023
Mailing Address 1302 N STEPHEN AVE		<b>Transaction ID : SA.944601.24.TE06</b>
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2023
Mailing Address 1302 N STEPHEN AVE		<b>Transaction ID : SA.944602.24.TE06</b>
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2023
Mailing Address 1302 N STEPHEN AVE		<b>Transaction ID : SA.944620.24.TE06</b>
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

<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 202 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : SA.944621.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : SA.944652.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : SA.944653.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 203 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : SA.944690.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : SA.944713.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : SA.944724.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 204 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : SA.944739.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : SA.944740.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : SA.944762.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 205 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : SA.944783.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : SA.944792.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : SA.944834.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 206 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 28 / 2023  
**Transaction ID : SA.944836.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 28 / 2023  
**Transaction ID : SA.944840.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 11 / 28 / 2023  
**Transaction ID : SA.945277.24.TE06**  
 Amount of Each Receipt this Period 2.93  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 207 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 28 / 2023 <b>Transaction ID : SA.945372.24.TE06</b>
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 3.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 28 / 2023 <b>Transaction ID : SA.945814.24.TE06</b>
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 5.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 28 / 2023 <b>Transaction ID : SA.946615.24.TE06</b>
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 15.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	

<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 208 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 05 / 2023**  
**Transaction ID : SA.951307.24.TE06**  
 Amount of Each Receipt this Period 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 05 / 2023**  
**Transaction ID : SA.951645.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 05 / 2023**  
**Transaction ID : SA.951699.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 209 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 12 / 05 / 2023  
**Transaction ID : SA.951756.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 12 / 05 / 2023  
**Transaction ID : SA.951757.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 12 / 05 / 2023  
**Transaction ID : SA.951823.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 210 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 05 / 2023**  
**Transaction ID : SA.951824.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 05 / 2023**  
**Transaction ID : SA.951825.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 05 / 2023**  
**Transaction ID : SA.951826.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 211 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 12 / 05 / 2023  
**Transaction ID : SA.951838.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 12 / 05 / 2023  
**Transaction ID : SA.951873.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 12 / 05 / 2023  
**Transaction ID : SA.951889.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 212 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 05 / 2023**  
**Transaction ID : SA.952069.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 05 / 2023**  
**Transaction ID : SA.952070.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 05 / 2023**  
**Transaction ID : SA.953352.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 213 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt MM / DD / YYYY 12 / 05 / 2023
Mailing Address 1302 N STEPHEN AVE		<b>Transaction ID : SA.953382.24.TE06</b>
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt MM / DD / YYYY 12 / 05 / 2023
Mailing Address 1302 N STEPHEN AVE		<b>Transaction ID : SA.953402.24.TE06</b>
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt MM / DD / YYYY 12 / 05 / 2023
Mailing Address 1302 N STEPHEN AVE		<b>Transaction ID : SA.953436.24.TE06</b>
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

<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 214 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2023
Mailing Address 1302 N STEPHEN AVE		<b>Transaction ID : SA.953483.24.TE06</b>
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2023
Mailing Address 1302 N STEPHEN AVE		<b>Transaction ID : SA.953486.24.TE06</b>
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2023
Mailing Address 1302 N STEPHEN AVE		<b>Transaction ID : SA.953681.24.TE06</b>
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 7.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

<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 215 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 05 / 2023**  
**Transaction ID : SA.954547.24.TE06**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 12 / 2023**  
**Transaction ID : SA.960815.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 12 / 2023**  
**Transaction ID : SA.960839.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 216 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2023
Mailing Address 1302 N STEPHEN AVE		<b>Transaction ID : SA.960840.24.TE06</b>
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2023
Mailing Address 1302 N STEPHEN AVE		<b>Transaction ID : SA.960841.24.TE06</b>
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2023
Mailing Address 1302 N STEPHEN AVE		<b>Transaction ID : SA.960856.24.TE06</b>
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

<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 217 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023  
**Transaction ID : SA.960919.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023  
**Transaction ID : SA.960922.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023  
**Transaction ID : SA.960928.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 218 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2023
Mailing Address 1302 N STEPHEN AVE		<b>Transaction ID : SA.960951.24.TE06</b>
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2023
Mailing Address 1302 N STEPHEN AVE		<b>Transaction ID : SA.960968.24.TE06</b>
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2023
Mailing Address 1302 N STEPHEN AVE		<b>Transaction ID : SA.960983.24.TE06</b>
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

<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 219 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023  
**Transaction ID : SA.961012.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023  
**Transaction ID : SA.961047.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023  
**Transaction ID : SA.961048.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 220 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023  
**Transaction ID : SA.961049.24.TE06**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023  
**Transaction ID : SA.961109.24.TE06**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023  
**Transaction ID : SA.961126.24.TE06**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 221 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 12 / 12 / 2023  
**Transaction ID : SA.961174.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 12 / 12 / 2023  
**Transaction ID : SA.961204.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 12 / 12 / 2023  
**Transaction ID : SA.961223.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 222 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023  
**Transaction ID : SA.961565.24.TE06**  
 Amount of Each Receipt this Period  
 2.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023  
**Transaction ID : SA.961783.24.TE06**  
 Amount of Each Receipt this Period  
 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023  
**Transaction ID : SA.961833.24.TE06**  
 Amount of Each Receipt this Period  
 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 223 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 12 / 12 / 2023  
**Transaction ID : SA.962306.24.TE06**  
 Amount of Each Receipt this Period 4.95  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 12 / 12 / 2023  
**Transaction ID : SA.962367.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 12 / 12 / 2023  
**Transaction ID : SA.962369.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 224 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 12 / 12 / 2023  
**Transaction ID : SA.962492.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 12 / 12 / 2023  
**Transaction ID : SA.962522.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 12 / 12 / 2023  
**Transaction ID : SA.963044.24.TE06**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 225 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023  
**Transaction ID : SA.963145.24.TE06**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023  
**Transaction ID : SA.963162.24.TE06**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2023  
**Transaction ID : SA.963373.24.TE06**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 226 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2023  
**Transaction ID : SA.966583.24.TE06**  
 Amount of Each Receipt this Period 0.10  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2023  
**Transaction ID : SA.967315.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2023  
**Transaction ID : SA.967325.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 227 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2023  
**Transaction ID : SA.967373.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2023  
**Transaction ID : SA.967404.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2023  
**Transaction ID : SA.967414.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 228 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2023  
**Transaction ID : SA.967434.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2023  
**Transaction ID : SA.967519.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2023  
**Transaction ID : SA.967521.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 229 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2023  
**Transaction ID : SA.967589.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2023  
**Transaction ID : SA.967627.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2023  
**Transaction ID : SA.967628.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 230 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 13 / 2023
Mailing Address 1302 N STEPHEN AVE		<b>Transaction ID : SA.967629.24.TE06</b>
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 13 / 2023
Mailing Address 1302 N STEPHEN AVE		<b>Transaction ID : SA.967639.24.TE06</b>
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 13 / 2023
Mailing Address 1302 N STEPHEN AVE		<b>Transaction ID : SA.967691.24.TE06</b>
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	TRANSFER FROM TEAM ELISE

<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 231 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 13 / 2023**  
**Transaction ID : SA.967704.24.TE06**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 13 / 2023**  
**Transaction ID : SA.967957.24.TE06**  
 Amount of Each Receipt this Period 2.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 13 / 2023**  
**Transaction ID : SA.967999.24.TE06**  
 Amount of Each Receipt this Period 2.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 232 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2023  
**Transaction ID : SA.968159.24.TE06**  
 Amount of Each Receipt this Period  
 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2023  
**Transaction ID : SA.968162.24.TE06**  
 Amount of Each Receipt this Period  
 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2023  
**Transaction ID : SA.968469.24.TE06**  
 Amount of Each Receipt this Period  
 4.95  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 233 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2023  
**Transaction ID : SA.968515.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2023  
**Transaction ID : SA.968585.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2023  
**Transaction ID : SA.968613.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 234 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 13 / 2023**  
**Transaction ID : SA.968618.24.TE06**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MIRABILE, LORRAINE, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1527 PELICAN PATH  
 City THE VILLAGES State FL Zip Code 32162-2208  
 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 ▼ 3815.74

Date of Receipt **11 / 07 / 2023**  
**Transaction ID : SA.913788.24.TE06**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. PRESLEY, JUANITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246  
 City MERIDIAN State ID Zip Code 83642-4742  
 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 ▼ 1322.47

Date of Receipt **09 / 19 / 2023**  
**Transaction ID : SA.850577.24.TE06**  
 Amount of Each Receipt this Period 37.62  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 235 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2023

**Transaction ID : SA.878840.24.TE06**

Amount of Each Receipt this Period  
2.63

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2023

**Transaction ID : SA.935394.24.TE06**

Amount of Each Receipt this Period  
8.50

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
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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 ▼  
1322.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2023

**Transaction ID : SA.936147.24.TE06**

Amount of Each Receipt this Period  
14.85

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 236 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2023

**Transaction ID : SA.936156.24.TE06**

Amount of Each Receipt this Period  
14.85

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2023

**Transaction ID : SA.936264.24.TE06**

Amount of Each Receipt this Period  
6.79

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2023

**Transaction ID : SA.936425.24.TE06**

Amount of Each Receipt this Period  
21.25

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 237 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2023

**Transaction ID : SA.936442.24.TE06**

Amount of Each Receipt this Period  
21.25

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2023

**Transaction ID : SA.936476.24.TE06**

Amount of Each Receipt this Period  
21.25

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2023

**Transaction ID : SA.936514.24.TE06**

Amount of Each Receipt this Period  
21.25

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 238 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. PRESLEY, JUANITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246  
 City MERIDIAN State ID Zip Code 83642-4742  
 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 ▼ 1322.47

Date of Receipt 11 / 21 / 2023  
**Transaction ID : SA.936636.24.TE06**  
 Amount of Each Receipt this Period 24.75  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. PRESLEY, JUANITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246  
 City MERIDIAN State ID Zip Code 83642-4742  
 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 ▼ 1322.47

Date of Receipt 11 / 21 / 2023  
**Transaction ID : SA.937103.24.TE06**  
 Amount of Each Receipt this Period 39.95  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. PRESLEY, JUANITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246  
 City MERIDIAN State ID Zip Code 83642-4742  
 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 ▼ 1322.47

Date of Receipt 11 / 28 / 2023  
**Transaction ID : SA.943712.24.TE06**  
 Amount of Each Receipt this Period 0.25  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 239 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. PRESLEY, JUANITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246  
 City MERIDIAN State ID Zip Code 83642-4742  
 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 ▼ 1322.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : SA.946550.24.TE06**  
 Amount of Each Receipt this Period 12.75  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. PRESLEY, JUANITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246  
 City MERIDIAN State ID Zip Code 83642-4742  
 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 ▼ 1322.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : SA.946562.24.TE06**  
 Amount of Each Receipt this Period 12.75  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. PRESLEY, JUANITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246  
 City MERIDIAN State ID Zip Code 83642-4742  
 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 ▼ 1322.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : SA.946618.24.TE06**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 240 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023

**Transaction ID : SA.946646.24.TE06**

Amount of Each Receipt this Period  
17.76

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023

**Transaction ID : SA.946702.24.TE06**

Amount of Each Receipt this Period  
20.24

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023

**Transaction ID : SA.946741.24.TE06**

Amount of Each Receipt this Period  
21.25

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 241 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2023

**Transaction ID : SA.946742.24.TE06**

Amount of Each Receipt this Period  
21.25

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2023

**Transaction ID : SA.946743.24.TE06**

Amount of Each Receipt this Period  
21.25

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2023

**Transaction ID : SA.946748.24.TE06**

Amount of Each Receipt this Period  
21.25

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 242 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023

**Transaction ID : SA.946761.24.TE06**

Amount of Each Receipt this Period  
21.25

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023

**Transaction ID : SA.946802.24.TE06**

Amount of Each Receipt this Period  
21.25

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023

**Transaction ID : SA.946846.24.TE06**

Amount of Each Receipt this Period  
24.75

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 243 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. PRESLEY, JUANITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246  
 City MERIDIAN State ID Zip Code 83642-4742  
 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 ▼ 1322.47

Date of Receipt  
 11 / 28 / 2023  
**Transaction ID : SA.946847.24.TE06**  
 Amount of Each Receipt this Period 24.75  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. PRESLEY, JUANITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246  
 City MERIDIAN State ID Zip Code 83642-4742  
 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 ▼ 1322.47

Date of Receipt  
 11 / 28 / 2023  
**Transaction ID : SA.946869.24.TE06**  
 Amount of Each Receipt this Period 24.75  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. PRESLEY, JUANITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246  
 City MERIDIAN State ID Zip Code 83642-4742  
 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 ▼ 1322.47

Date of Receipt  
 11 / 28 / 2023  
**Transaction ID : SA.946911.24.TE06**  
 Amount of Each Receipt this Period 24.75  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 244 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2023

**Transaction ID : SA.946932.24.TE06**

Amount of Each Receipt this Period  
25.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2023

**Transaction ID : SA.946941.24.TE06**

Amount of Each Receipt this Period  
25.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2023

**Transaction ID : SA.946990.24.TE06**

Amount of Each Receipt this Period  
25.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 245 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  
12 / 05 / 2023  
Transaction ID : SA.954444.24.TE06

Amount of Each Receipt this Period  
12.75

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  
12 / 05 / 2023  
Transaction ID : SA.954544.24.TE06

Amount of Each Receipt this Period  
15.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  
12 / 05 / 2023  
Transaction ID : SA.954555.24.TE06

Amount of Each Receipt this Period  
15.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 246 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2023

**Transaction ID : SA.954594.24.TE06**

Amount of Each Receipt this Period  
17.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2023

**Transaction ID : SA.954710.24.TE06**

Amount of Each Receipt this Period  
20.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2023

**Transaction ID : SA.954783.24.TE06**

Amount of Each Receipt this Period  
21.25

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 247 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. PRESLEY, JUANITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246  
 City MERIDIAN State ID Zip Code 83642-4742  
 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 ▼ 1322.47

Date of Receipt 12 / 05 / 2023  
**Transaction ID : SA.954823.24.TE06**  
 Amount of Each Receipt this Period 24.75  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. PRESLEY, JUANITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246  
 City MERIDIAN State ID Zip Code 83642-4742  
 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 ▼ 1322.47

Date of Receipt 12 / 05 / 2023  
**Transaction ID : SA.954929.24.TE06**  
 Amount of Each Receipt this Period 24.75  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. PRESLEY, JUANITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246  
 City MERIDIAN State ID Zip Code 83642-4742  
 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 ▼ 1322.47

Date of Receipt 12 / 05 / 2023  
**Transaction ID : SA.954956.24.TE06**  
 Amount of Each Receipt this Period 24.75  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 248 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2023

**Transaction ID : SA.954980.24.TE06**

Amount of Each Receipt this Period  
24.75

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2023

**Transaction ID : SA.955028.24.TE06**

Amount of Each Receipt this Period  
24.75

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2023

**Transaction ID : SA.955042.24.TE06**

Amount of Each Receipt this Period  
25.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 249 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2023

**Transaction ID : SA.955090.24.TE06**

Amount of Each Receipt this Period  
25.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2023

**Transaction ID : SA.955097.24.TE06**

Amount of Each Receipt this Period  
25.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2023

**Transaction ID : SA.955098.24.TE06**

Amount of Each Receipt this Period  
25.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 250 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2023

**Transaction ID : SA.955099.24.TE06**

Amount of Each Receipt this Period  
25.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2023

**Transaction ID : SA.955110.24.TE06**

Amount of Each Receipt this Period  
25.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2023

**Transaction ID : SA.955507.24.TE06**

Amount of Each Receipt this Period  
49.50

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 251 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. PRESLEY, JUANITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246  
 City MERIDIAN State ID Zip Code 83642-4742  
 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 ▼ 1322.47

Date of Receipt 12 / 05 / 2023  
**Transaction ID : SA.955576.24.TE06**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. PRESLEY, JUANITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246  
 City MERIDIAN State ID Zip Code 83642-4742  
 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 ▼ 1322.47

Date of Receipt 12 / 05 / 2023  
**Transaction ID : SA.955588.24.TE06**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. PRESLEY, JUANITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246  
 City MERIDIAN State ID Zip Code 83642-4742  
 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 ▼ 1322.47

Date of Receipt 12 / 12 / 2023  
**Transaction ID : SA.963759.24.TE06**  
 Amount of Each Receipt this Period 24.75  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 252 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
PRESLEY, JUANITA, , ,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2023

**Transaction ID : SA.963809.24.TE06**

Amount of Each Receipt this Period  
24.75

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2023

**Transaction ID : SA.963914.24.TE06**

Amount of Each Receipt this Period  
25.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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 ▼  
1322.47

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2023

**Transaction ID : SA.969942.24.TE06**

Amount of Each Receipt this Period  
35.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 253 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. REGIABA, ADAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 37 ANACAPA LN  
 City ALISO VIEJO State CA Zip Code 92656-1630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UPFRONT INC Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 05 / 2023  
**Transaction ID : SA.955704.24.TE06**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. SOMMERFELD, MARGO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4454 CASITAS ST  
 City SAN DIEGO State CA Zip Code 92107-4218  
 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 ▼ 322.71

Date of Receipt 12 / 13 / 2023  
**Transaction ID : SA.969311.24.TE06**  
 Amount of Each Receipt this Period 2.63  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. SOMMERFELD, MARGO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4454 CASITAS ST  
 City SAN DIEGO State CA Zip Code 92107-4218  
 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 ▼ 322.71

Date of Receipt 12 / 13 / 2023  
**Transaction ID : SA.969974.24.TE06**  
 Amount of Each Receipt this Period 39.60  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 254 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
SYNNOTT, DONNA, , ,

Mailing Address 326 COUNCIL BLUFF PKWY.

City MURFREESBORO	State TN	Zip Code 37127-8317
----------------------	-------------	------------------------

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 ▼  
503.84

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2023

**Transaction ID : SA.955621.24.TE06**

Amount of Each Receipt this Period  
22.77

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 326 COUNCIL BLUFF PKWY.

City MURFREESBORO	State TN	Zip Code 37127-8317
----------------------	-------------	------------------------

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 ▼  
503.84

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2023

**Transaction ID : SA.955622.24.TE06**

Amount of Each Receipt this Period  
75.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 326 COUNCIL BLUFF PKWY.

City MURFREESBORO	State TN	Zip Code 37127-8317
----------------------	-------------	------------------------

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 ▼  
503.84

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2023

**Transaction ID : SA.969362.24.TE06**

Amount of Each Receipt this Period  
14.85

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 255 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. WIPPERMAN, LARRY, , ,</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2023 <b>Transaction ID : SA.701263.24.TE06</b>
Mailing Address PO BOX 1363		Amount of Each Receipt this Period 15.00
City KAPAAU	State HI	Zip Code 96755-1363
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2169.03	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. WIPPERMAN, LARRY, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 05 / 2023 <b>Transaction ID : SA.879932.24.TE06</b>
Mailing Address PO BOX 1363		Amount of Each Receipt this Period 14.85
City KAPAAU	State HI	Zip Code 96755-1363
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2169.03	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. WIPPERMAN, LARRY, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 05 / 2023 <b>Transaction ID : SA.879957.24.TE06</b>
Mailing Address PO BOX 1363		Amount of Each Receipt this Period 15.62
City KAPAAU	State HI	Zip Code 96755-1363
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2169.03	

<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 256 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt 10 / 17 / 2023  
**Transaction ID : SA.886022.24.TE06**  
 Amount of Each Receipt this Period 14.85  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt 10 / 17 / 2023  
**Transaction ID : SA.886036.24.TE06**  
 Amount of Each Receipt this Period 14.85  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt 10 / 17 / 2023  
**Transaction ID : SA.886043.24.TE06**  
 Amount of Each Receipt this Period 14.85  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 257 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt: 10 / 17 / 2023  
**Transaction ID : SA.886047.24.TE06**  
 Amount of Each Receipt this Period: 14.85  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt: 10 / 17 / 2023  
**Transaction ID : SA.886055.24.TE06**  
 Amount of Each Receipt this Period: 14.85  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt: 10 / 17 / 2023  
**Transaction ID : SA.886062.24.TE06**  
 Amount of Each Receipt this Period: 14.85  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 258 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt 10 / 17 / 2023  
**Transaction ID : SA.886079.24.TE06**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt 10 / 17 / 2023  
**Transaction ID : SA.886090.24.TE06**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt 10 / 17 / 2023  
**Transaction ID : SA.886108.24.TE06**  
 Amount of Each Receipt this Period 15.62  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 259 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt 10 / 17 / 2023  
**Transaction ID : SA.886109.24.TE06**  
 Amount of Each Receipt this Period 15.62  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt 10 / 17 / 2023  
**Transaction ID : SA.886112.24.TE06**  
 Amount of Each Receipt this Period 15.62  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt 10 / 24 / 2023  
**Transaction ID : SA.895575.24.TE06**  
 Amount of Each Receipt this Period 14.85  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 260 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA.895580.24.TE06**  
 Amount of Each Receipt this Period  
 14.85  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA.895588.24.TE06**  
 Amount of Each Receipt this Period  
 14.85  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA.895590.24.TE06**  
 Amount of Each Receipt this Period  
 14.85  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 261 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. WIPPERMAN, LARRY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1363

City KAPAAU State HI Zip Code 96755-1363

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 ▼ 2169.03

Date of Receipt 10 / 24 / 2023  
**Transaction ID : SA.895593.24.TE06**

Amount of Each Receipt this Period 15.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address PO BOX 1363

City KAPAAU State HI Zip Code 96755-1363

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 ▼ 2169.03

Date of Receipt 10 / 24 / 2023  
**Transaction ID : SA.895594.24.TE06**

Amount of Each Receipt this Period 15.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address PO BOX 1363

City KAPAAU State HI Zip Code 96755-1363

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 ▼ 2169.03

Date of Receipt 10 / 24 / 2023  
**Transaction ID : SA.895604.24.TE06**

Amount of Each Receipt this Period 15.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 262 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA.895621.24.TE06**  
 Amount of Each Receipt this Period  
 15.62  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA.895626.24.TE06**  
 Amount of Each Receipt this Period  
 15.62  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA.895627.24.TE06**  
 Amount of Each Receipt this Period  
 15.62  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 263 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA.905570.24.TE06**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA.905695.24.TE06**  
 Amount of Each Receipt this Period 14.85  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA.905700.24.TE06**  
 Amount of Each Receipt this Period 14.85  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 264 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA.905716.24.TE06**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA.905719.24.TE06**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA.905726.24.TE06**  
 Amount of Each Receipt this Period 15.62  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 265 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. WIPPERMAN, LARRY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1363

City KAPAAU	State HI	Zip Code 96755-1363
----------------	-------------	------------------------

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 ▼  
2169.03

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2023

**Transaction ID : SA.905730.24.TE06**

Amount of Each Receipt this Period  
15.62

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address PO BOX 1363

City KAPAAU	State HI	Zip Code 96755-1363
----------------	-------------	------------------------

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 ▼  
2169.03

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2023

**Transaction ID : SA.913576.24.TE06**

Amount of Each Receipt this Period  
14.85

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address PO BOX 1363

City KAPAAU	State HI	Zip Code 96755-1363
----------------	-------------	------------------------

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 ▼  
2169.03

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2023

**Transaction ID : SA.913580.24.TE06**

Amount of Each Receipt this Period  
14.85

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 266 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2023  
**Transaction ID : SA.913582.24.TE06**  
 Amount of Each Receipt this Period  
 14.85  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2023  
**Transaction ID : SA.913593.24.TE06**  
 Amount of Each Receipt this Period  
 14.85  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2023  
**Transaction ID : SA.913594.24.TE06**  
 Amount of Each Receipt this Period  
 14.85  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 267 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
WIPPERMAN, LARRY, , ,

Mailing Address PO BOX 1363

City KAPAAU State HI Zip Code 96755-1363

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 ▼ 2169.03

Date of Receipt  
11 / 07 / 2023  
Transaction ID : SA.913612.24.TE06

Amount of Each Receipt this Period  
14.85

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address PO BOX 1363

City KAPAAU State HI Zip Code 96755-1363

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 ▼ 2169.03

Date of Receipt  
11 / 07 / 2023  
Transaction ID : SA.913623.24.TE06

Amount of Each Receipt this Period  
14.85

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address PO BOX 1363

City KAPAAU State HI Zip Code 96755-1363

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 ▼ 2169.03

Date of Receipt  
11 / 07 / 2023  
Transaction ID : SA.913632.24.TE06

Amount of Each Receipt this Period  
15.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 268 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. WIPPERMAN, LARRY, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 07 / 2023
Mailing Address PO BOX 1363		<b>Transaction ID : SA.913635.24.TE06</b>
City KAPAAU	State HI	Zip Code 96755-1363
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2169.03	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. WIPPERMAN, LARRY, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 07 / 2023
Mailing Address PO BOX 1363		<b>Transaction ID : SA.913637.24.TE06</b>
City KAPAAU	State HI	Zip Code 96755-1363
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2169.03	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. WIPPERMAN, LARRY, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 07 / 2023
Mailing Address PO BOX 1363		<b>Transaction ID : SA.913665.24.TE06</b>
City KAPAAU	State HI	Zip Code 96755-1363
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.62
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2169.03	TRANSFER FROM TEAM ELISE

<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 269 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt 11 / 07 / 2023  
**Transaction ID : SA.913668.24.TE06**  
 Amount of Each Receipt this Period 15.62  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt 11 / 07 / 2023  
**Transaction ID : SA.913669.24.TE06**  
 Amount of Each Receipt this Period 15.62  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt 11 / 07 / 2023  
**Transaction ID : SA.913670.24.TE06**  
 Amount of Each Receipt this Period 15.62  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 270 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2023  
**Transaction ID : SA.913672.24.TE06**  
 Amount of Each Receipt this Period  
 15.62  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2023  
**Transaction ID : SA.913673.24.TE06**  
 Amount of Each Receipt this Period  
 15.62  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2023  
**Transaction ID : SA.913674.24.TE06**  
 Amount of Each Receipt this Period  
 15.62  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 271 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. WIPPERMAN, LARRY, , ,</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 14 / 2023
Mailing Address PO BOX 1363		<b>Transaction ID : SA.924639.24.TE06</b>
City KAPAAU	State HI	Zip Code 96755-1363
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.75
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2169.03	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. WIPPERMAN, LARRY, , ,</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 14 / 2023
Mailing Address PO BOX 1363		<b>Transaction ID : SA.924643.24.TE06</b>
City KAPAAU	State HI	Zip Code 96755-1363
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.85
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2169.03	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. WIPPERMAN, LARRY, , ,</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 14 / 2023
Mailing Address PO BOX 1363		<b>Transaction ID : SA.924650.24.TE06</b>
City KAPAAU	State HI	Zip Code 96755-1363
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.85
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2169.03	TRANSFER
		TRANSFER FROM TEAM ELISE

<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 272 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt 11 / 14 / 2023  
**Transaction ID : SA.924660.24.TE06**  
 Amount of Each Receipt this Period 14.85  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. WIPPERMAN, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1363  
 City KAPAAU State HI Zip Code 96755-1363  
 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 ▼ 2169.03

Date of Receipt 11 / 14 / 2023  
**Transaction ID : SA.924683.24.TE06**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. ELISE VICTORY FUND**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 500  
 City GLENS FALLS State NY Zip Code 12801-0500  
 FEC ID number of contributing federal political committee. **C** C00630632  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249882.96

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA12.1002734**  
 Amount of Each Receipt this Period 51629.76  
 Memo Item  
 TRANSFER

<b>SUBTOTAL</b> of Receipts This Page (optional).....	51629.76
<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 273 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. BEREN, ELLEN, GINSBURG, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1739 N DUCKCROSS COVE ST  
 City WICHITA State KS Zip Code 67206-3323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 19 / 2023  
**Transaction ID : SA.971988.3.EV36**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

**B. BLUMBERG, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 415 CENTRE IS  
 City NORTH MIAMI BEACH State FL Zip Code 33160-2255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLUMBERG CAPITAL Occupation (for Individual) VENTURE CAPITAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA.988737.3.EV36**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

**C. CASSIDY, GLORIA, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 MCLEAN PT  
 City WINTER HAVEN State FL Zip Code 33884-4135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA.1002346.3.EV36**  
 Amount of Each Receipt this Period 1600.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

<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 274 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. GIORDANO, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1340 BAPTIST CHURCH RD  
 City YORKTOWN HEIGHTS State NY Zip Code 10598-5802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STEVE GIORDANO BUILDERS, INC. Occupation (for Individual) CONTRACTOR  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3300.00

Date of Receipt 12 / 23 / 2023  
**Transaction ID : SA.980566.3.EV36**  
 Amount of Each Receipt this Period 3300.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

**B. GLAZER, ED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10250 CONSTELLATION BOULEVARD  
 City LOS ANGELES State CA Zip Code 90067-6200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SELF  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 15 / 2023  
**Transaction ID : SA.970751.3.EV36**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

**C. GLAZER, SHARI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10250 CONSTELLATION BLVD  
 City LOS ANGELES State CA Zip Code 90067-6200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) EXEC  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 15 / 2023  
**Transaction ID : SA.970752.3.EV36**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 275 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. GOLDFARB, LAURENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9545 LABELLE CT  
 City DELRAY BEACH State FL Zip Code 33446-3680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LAURAND ASSOCIATES Occupation (for Individual) COMMODITIES  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **12 / 22 / 2023**  
**Transaction ID : SA.980518.3.EV36**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

**B. HEGYI, ALBERT, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 PARK AVE FL 16  
 City NEW YORK State NY Zip Code 10017-5538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FIRST FINANCIAL BANK Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **12 / 14 / 2023**  
**Transaction ID : SA.970697.3.EV36**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

**C. KEMMERER, JOHN, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 6848  
 City JACKSON State WY Zip Code 83002-6848  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KEMMERER MANAGMENT CORP. Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **12 / 14 / 2023**  
**Transaction ID : SA.970693.3.EV36**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 276 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. KEMMERER, KAREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 6848  
 City JACKSON State WY Zip Code 83002-6848  
 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 ▼ 3400.00

Date of Receipt 12 / 14 / 2023  
**Transaction ID : SA.970695.3.EV36**  
 Amount of Each Receipt this Period 3400.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

**B. LEWIS, EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10100 EMPYREAN WAY APT 204  
 City LOS ANGELES State CA Zip Code 90067-3815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EDWARD G. LEWIS, A PROFESSION CORPORAT Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 102.00

Date of Receipt 12 / 20 / 2023  
**Transaction ID : SA.979239.3.EV36**  
 Amount of Each Receipt this Period 101.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

**C. MEZZALINGUA, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3384 W LAKE ST  
 City SKANEATELES State NY Zip Code 13152-9601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JMA WIRELESS Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 21 / 2023  
**Transaction ID : SA.980242.3.EV36**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 277 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. PACKER, PAUL, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 18 / 2023
Mailing Address 7204 MANDARIN DR.		<b>Transaction ID : SA.971145.3.EV36</b>
City BOCA RATON	State FL	Zip Code 33433-7414
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual) GLOBIS CAPITAL	Occupation (for Individual) PORTFOLIO MANAGER	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	TRANSFER
		TRANSFER FROM ELISE VICTORY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. ROSENTHAL, ROBERT, M., ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 20 / 2023
Mailing Address 4444 W RIVERSIDE DR. STE 303		<b>Transaction ID : SA.979238.3.EV36</b>
City BURBANK	State CA	Zip Code 91505-4073
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1700.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	TRANSFER
		TRANSFER FROM ELISE VICTORY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. SCHWARTZBERG, ANDREW, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 1135 RIVAS CANYON RD		<b>Transaction ID : SA.995664.3.EV36</b>
City PACIFIC PALISADES	State CA	Zip Code 90272-3962
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3400.00
Name of Employer (for Individual) HOUSING INC.	Occupation (for Individual) REAL ESTATE	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 3400.00	TRANSFER
		EARMARK ATTRIB: NORPAC- EARMARKS

<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 278 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. STAHL, HELENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6398 AVALON POINTE CT  
 City BOCA RATON State FL Zip Code 33496-4007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 18 / 2023  
**Transaction ID : SA.988743.3.EV36**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

**B. TEXTOR, DONALD, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 381 LATTINGTOWN RD  
 City LOCUST VALLEY State NY Zip Code 11560-1032  
 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 ▼ 2850.00

Date of Receipt 12 / 21 / 2023  
**Transaction ID : SA.980244.3.EV36**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

**C. WEISS, DIANE, N., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1500 S OCEAN BLVD  
 City BOCA RATON State FL Zip Code 33432-8529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA.995675.3.EV36**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 279 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. NORPAC- EARMARKS**

Mailing Address P.O. BOX 1543

City ENGLEWOOD CLIFFS	State NJ	Zip Code 07632-0543
--------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00247403

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2023

**Transaction ID : SA.995631.3.EV36**

Amount of Each Receipt this Period  
5000.00

Memo Item  
TRANSFER

SEE EARMARK ATTRIB

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

Mailing Address PO BOX 500

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

FEC ID number of contributing federal political committee. **C** C00837492

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
18251.91

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2023

**Transaction ID : SA12.1002764**

Amount of Each Receipt this Period  
5836.08

Memo Item  
TRANSFER

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

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
HILL & COMPANY ENTREPRENEUR

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2723.25

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2023

**Transaction ID : SA.966067.31.BG04**

Amount of Each Receipt this Period  
- 750.00

Memo Item  
TRANSFER

TRANSFER FROM HOUSE BATTLEGROUND FUND

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5836.08
<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 280 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
HILL, SHIRLEY, , ,

Mailing Address 262 E MAIN ST

City MOORESTOWN State NJ Zip Code 08057-2931

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

Name of Employer (for Individual) HILL & COMPANY Occupation (for Individual) ENTREPRENEUR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2723.25

Date of Receipt **12 / 05 / 2023**

**Transaction ID : SA.966068.31.BG04**

Amount of Each Receipt this Period - 750.00

Memo Item

TRANSFER

TRANSFER FROM HOUSE BATTLEGROUND FUND

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

Mailing Address 262 E MAIN ST

City MOORESTOWN State NJ Zip Code 08057-2931

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

Name of Employer (for Individual) HILL & COMPANY Occupation (for Individual) ENTREPRENEUR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2723.25

Date of Receipt **12 / 12 / 2023**

**Transaction ID : SA.979097.31.BG04**

Amount of Each Receipt this Period - 26.75

Memo Item

TRANSFER

TRANSFER FROM HOUSE BATTLEGROUND FUND

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

Mailing Address 262 E MAIN ST

City MOORESTOWN State NJ Zip Code 08057-2931

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

Name of Employer (for Individual) HILL & COMPANY Occupation (for Individual) ENTREPRENEUR

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 2723.25

Date of Receipt **12 / 12 / 2023**

**Transaction ID : SA.979223.31.BG04**

Amount of Each Receipt this Period - 750.00

Memo Item

TRANSFER

TRANSFER FROM HOUSE BATTLEGROUND FUND

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

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



SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 281 OF 352
Use separate schedule(s) for each category of the Detailed Summary Page
11a 11b 11c 12 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. KELSEY, JOHN, DAVID, ,
Mailing Address 74 SILL LANE
City OLD LYME State CT Zip Code 06371-1134
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) HAMILTON POINT INVESTMENTS Occupation (for Individual) INVESTMENT MANAGER
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 5000.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA.980514.31.BG04
Amount of Each Receipt this Period 5000.00
Memo Item TRANSFER
TRANSFER FROM HOUSE BATTLEGROUND FUND

B. STEPHENS, WARREN, A., ,
Mailing Address 111 CENTER ST
City LITTLE ROCK State AR Zip Code 72201-4402
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) STEPHENS INC. Occupation (for Individual) CHAIRMAN PRESIDENT & CEO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 5000.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA.995630.31.BG04
Amount of Each Receipt this Period 5000.00
Memo Item TRANSFER
TRANSFER FROM HOUSE BATTLEGROUND FUND

C. STEFANIK- ESPOSITO NY VICTORY
Mailing Address P.O. BOX 500
City GLENS FALLS State NY Zip Code 12801-0500
FEC ID number of contributing federal political committee. C C00854414
Name of Employer (for Individual) Occupation (for Individual)
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 4411.03

Date of Receipt 12 / 31 / 2023
Transaction ID : SA12.1002730
Amount of Each Receipt this Period 4411.03
Memo Item TRANSFER

SUBTOTAL of Receipts This Page (optional) 4411.03
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 282 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. RATNER, CARYL, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 43 WEST 61ST STREET  
 City NEW YORK State NY Zip Code 10023-7607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JOSEPH RATNER COMPANY INC Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 19 / 2023  
**Transaction ID : SA.978935.37.ES01**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 EARMARK ATTRIB: LEADERSHIP AMERICA NEEDS PAC EARMARKS

**B. LEADERSHIP AMERICA NEEDS PAC EARMARKS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 234  
 City EAST SETAUKET State NY Zip Code 11733-0234  
 FEC ID number of contributing federal political committee. **C** C00831651  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 19 / 2023  
**Transaction ID : SA.978933.37.ES01**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 SEE EARMARK ATTRIB

**C. TEAM ELISE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 500  
 City GLENS FALLS State NY Zip Code 12801-0500  
 FEC ID number of contributing federal political committee. **C** C00830679  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 34778.50

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA12.1002955**  
 Amount of Each Receipt this Period 1551.83  
 Memo Item  
 TRANSFER

**SUBTOTAL** of Receipts This Page (optional).....▶ 1551.83  
**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 283 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. BONIN, JUDY, A., MISS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2023

**Transaction ID : SA.707415.24.TE07**

Amount of Each Receipt this Period  
20.57

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2023

**Transaction ID : SA.707495.24.TE07**

Amount of Each Receipt this Period  
100.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2023

**Transaction ID : SA.972499.24.TE07**

Amount of Each Receipt this Period  
0.05

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 284 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. BONIN, JUDY, A., MISS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2023

**Transaction ID : SA.972819.24.TE07**

Amount of Each Receipt this Period  
0.10

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2023

**Transaction ID : SA.975430.24.TE07**

Amount of Each Receipt this Period  
8.50

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2023

**Transaction ID : SA.975812.24.TE07**

Amount of Each Receipt this Period  
19.80

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 285 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. BONIN, JUDY, A., MISS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2023

**Transaction ID : SA.975831.24.TE07**

Amount of Each Receipt this Period  
20.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2023

**Transaction ID : SA.975851.24.TE07**

Amount of Each Receipt this Period  
20.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023

**Transaction ID : SA.981305.24.TE07**

Amount of Each Receipt this Period  
0.05

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 286 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. BONIN, JUDY, A., MISS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2023

**Transaction ID : SA.981525.24.TE07**

Amount of Each Receipt this Period  
0.10

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2023

**Transaction ID : SA.981527.24.TE07**

Amount of Each Receipt this Period  
0.10

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2023

**Transaction ID : SA.984961.24.TE07**

Amount of Each Receipt this Period  
8.50

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 287 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. BONIN, JUDY, A., MISS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023

**Transaction ID : SA.985002.24.TE07**

Amount of Each Receipt this Period  
8.50

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023

**Transaction ID : SA.985030.24.TE07**

Amount of Each Receipt this Period  
8.50

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023

**Transaction ID : SA.985062.24.TE07**

Amount of Each Receipt this Period  
8.50

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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

FOR LINE NUMBER: PAGE 288 OF 352
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: PAGE 288 OF 352
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)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BONIN, JUDY, A., MISS,
Mailing Address 187 EDGEFIELD LN
City STAUNTON State VA Zip Code 24401-6287
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) SELF Occupation (for Individual) HORSE BOARDING
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 919.06

Date of Receipt 12 / 26 / 2023
Transaction ID : SA.985539.24.TE07
Amount of Each Receipt this Period 17.00
Memo Item TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BONIN, JUDY, A., MISS,
Mailing Address 187 EDGEFIELD LN
City STAUNTON State VA Zip Code 24401-6287
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) SELF Occupation (for Individual) HORSE BOARDING
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 919.06

Date of Receipt 12 / 26 / 2023
Transaction ID : SA.985555.24.TE07
Amount of Each Receipt this Period 17.00
Memo Item TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BONIN, JUDY, A., MISS,
Mailing Address 187 EDGEFIELD LN
City STAUNTON State VA Zip Code 24401-6287
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) SELF Occupation (for Individual) HORSE BOARDING
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 919.06

Date of Receipt 12 / 26 / 2023
Transaction ID : SA.985566.24.TE07
Amount of Each Receipt this Period 17.00
Memo Item TRANSFER
TRANSFER FROM TEAM ELISE

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 289 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. BONIN, JUDY, A., MISS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2023

**Transaction ID : SA.985632.24.TE07**

Amount of Each Receipt this Period  
14.85

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2023

**Transaction ID : SA.985693.24.TE07**

Amount of Each Receipt this Period  
19.80

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2023

**Transaction ID : SA.985734.24.TE07**

Amount of Each Receipt this Period  
20.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 290 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. BONIN, JUDY, A., MISS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2023

**Transaction ID : SA.986147.24.TE07**

Amount of Each Receipt this Period  
25.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2023

**Transaction ID : SA.992020.24.TE07**

Amount of Each Receipt this Period  
8.50

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2023

**Transaction ID : SA.992062.24.TE07**

Amount of Each Receipt this Period  
8.50

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 291 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. BONIN, JUDY, A., MISS,</b>		Date of Receipt
Mailing Address 187 EDGEFIELD LN		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2023"/>
City STAUNTON	State VA	Zip Code 24401-6287
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA.992358.24.TE07</b>
Name of Employer (for Individual) SELF		Amount of Each Receipt this Period <input type="text" value="10.00"/>
Occupation (for Individual) HORSE BOARDING		<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="919.06"/>	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. BONIN, JUDY, A., MISS,</b>		Date of Receipt
Mailing Address 187 EDGEFIELD LN		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2023"/>
City STAUNTON	State VA	Zip Code 24401-6287
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA.992602.24.TE07</b>
Name of Employer (for Individual) SELF		Amount of Each Receipt this Period <input type="text" value="12.75"/>
Occupation (for Individual) HORSE BOARDING		<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="919.06"/>	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. BONIN, JUDY, A., MISS,</b>		Date of Receipt
Mailing Address 187 EDGEFIELD LN		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2023"/>
City STAUNTON	State VA	Zip Code 24401-6287
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA.992800.24.TE07</b>
Name of Employer (for Individual) SELF		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Occupation (for Individual) HORSE BOARDING		<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="919.06"/>	TRANSFER
		TRANSFER FROM TEAM ELISE

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

**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 292 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. BONIN, JUDY, A., MISS,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 187 EDGEFIELD LN			<b>Transaction ID : SA.992814.24.TE07</b>
City STAUNTON	State VA	Zip Code 24401-6287	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item
Name of Employer (for Individual) SELF		Occupation (for Individual) HORSE BOARDING	TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 919.06		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. BONIN, JUDY, A., MISS,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 187 EDGEFIELD LN			<b>Transaction ID : SA.993177.24.TE07</b>
City STAUNTON	State VA	Zip Code 24401-6287	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item
Name of Employer (for Individual) SELF		Occupation (for Individual) HORSE BOARDING	TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 919.06		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. BONIN, JUDY, A., MISS,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 187 EDGEFIELD LN			<b>Transaction ID : SA.994392.24.TE07</b>
City STAUNTON	State VA	Zip Code 24401-6287	Amount of Each Receipt this Period 8.50
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item
Name of Employer (for Individual) SELF		Occupation (for Individual) HORSE BOARDING	TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 919.06		TRANSFER FROM TEAM ELISE

<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 293 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. BONIN, JUDY, A., MISS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2023

**Transaction ID : SA.994519.24.TE07**

Amount of Each Receipt this Period  
20.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2023

**Transaction ID : SA.996939.24.TE07**

Amount of Each Receipt this Period  
0.20

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2023

**Transaction ID : SA.997427.24.TE07**

Amount of Each Receipt this Period  
8.50

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 294 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. BONIN, JUDY, A., MISS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2023

**Transaction ID : SA.997561.24.TE07**

Amount of Each Receipt this Period  
19.80

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2023

**Transaction ID : SA.999656.24.TE07**

Amount of Each Receipt this Period  
15.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2023

**Transaction ID : SA.999671.24.TE07**

Amount of Each Receipt this Period  
15.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 295 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. BONIN, JUDY, A., MISS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2023

**Transaction ID : SA.999718.24.TE07**

Amount of Each Receipt this Period  
17.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2023

**Transaction ID : SA.999774.24.TE07**

Amount of Each Receipt this Period  
20.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
919.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2023

**Transaction ID : SA.999782.24.TE07**

Amount of Each Receipt this Period  
20.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<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 296 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**CIACCIO, JANE, M., ,**

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 19 / 2023**

**Transaction ID : SA.976311.24.TE07**

Amount of Each Receipt this Period  
**39.95**

Memo Item  
**TRANSFER**

**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 19 / 2023**

**Transaction ID : SA.976334.24.TE07**

Amount of Each Receipt this Period  
**49.50**

Memo Item  
**TRANSFER**

**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 19 / 2023**

**Transaction ID : SA.976450.24.TE07**

Amount of Each Receipt this Period  
**52.05**

Memo Item  
**TRANSFER**

**TRANSFER FROM TEAM ELISE**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>0.00</b>
<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 297 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**CIACCIO, JANE, M., ,**

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 26 / 2023**

**Transaction ID : SA.981877.24.TE07**

Amount of Each Receipt this Period  
**0.25**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 26 / 2023**

**Transaction ID : SA.982109.24.TE07**

Amount of Each Receipt this Period  
**0.35**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 26 / 2023**

**Transaction ID : SA.982282.24.TE07**

Amount of Each Receipt this Period  
**0.85**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>0.00</b>
<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 298 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**CIACCIO, JANE, M., ,**

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 26 / 2023**

**Transaction ID : SA.986415.24.TE07**

Amount of Each Receipt this Period  
**39.95**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 26 / 2023**

**Transaction ID : SA.986420.24.TE07**

Amount of Each Receipt this Period  
**39.95**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 26 / 2023**

**Transaction ID : SA.986425.24.TE07**

Amount of Each Receipt this Period  
**39.95**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>0.00</b>
<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 299 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**CIACCIO, JANE, M., ,**

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 26 / 2023**

**Transaction ID : SA.986426.24.TE07**

Amount of Each Receipt this Period  
**39.95**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 26 / 2023**

**Transaction ID : SA.986441.24.TE07**

Amount of Each Receipt this Period  
**39.95**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 26 / 2023**

**Transaction ID : SA.986492.24.TE07**

Amount of Each Receipt this Period  
**46.53**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<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 300 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**CIACCIO, JANE, M., ,**

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 26 / 2023**

**Transaction ID : SA.986642.24.TE07**

Amount of Each Receipt this Period  
**52.05**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 26 / 2023**

**Transaction ID : SA.986686.24.TE07**

Amount of Each Receipt this Period  
**85.00**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 31 / 2023**

**Transaction ID : SA.993478.24.TE07**

Amount of Each Receipt this Period  
**39.95**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<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 301 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**CIACCIO, JANE, M., ,**

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 31 / 2023**

**Transaction ID : SA.993482.24.TE07**

Amount of Each Receipt this Period  
**39.95**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 31 / 2023**

**Transaction ID : SA.993488.24.TE07**

Amount of Each Receipt this Period  
**39.95**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 31 / 2023**

**Transaction ID : SA.993490.24.TE07**

Amount of Each Receipt this Period  
**39.95**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<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 302 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**CIACCIO, JANE, M., ,**

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 31 / 2023**

**Transaction ID : SA.993506.24.TE07**

Amount of Each Receipt this Period  
**39.95**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 31 / 2023**

**Transaction ID : SA.993726.24.TE07**

Amount of Each Receipt this Period  
**52.05**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **5491 BEECHMONT AVE APT 506**

City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45230-1160</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**12 / 31 / 2023**

**Transaction ID : SA.993727.24.TE07**

Amount of Each Receipt this Period  
**52.05**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 303 OF 352
Use separate schedule(s) for each category of the Detailed Summary Page
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)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M.,
Mailing Address 5491 BEECHMONT AVE APT 506
City CINCINNATI State OH Zip Code 45230-1160
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 5000.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA.993735.24.TE07
Amount of Each Receipt this Period 52.05
Memo Item TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M.,
Mailing Address 5491 BEECHMONT AVE APT 506
City CINCINNATI State OH Zip Code 45230-1160
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 5000.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA.994629.24.TE07
Amount of Each Receipt this Period 49.50
Memo Item TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M.,
Mailing Address 5491 BEECHMONT AVE APT 506
City CINCINNATI State OH Zip Code 45230-1160
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 5000.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA.997745.24.TE07
Amount of Each Receipt this Period 85.00
Memo Item TRANSFER
TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 304 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. CIACCIO, JANE, M., ,</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2023
Mailing Address 5491 BEECHMONT AVE APT 506		<b>Transaction ID : SA.997752.24.TE07</b>
City CINCINNATI	State OH	Zip Code 45230-1160
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 99.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. CIACCIO, JANE, M., ,</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2023
Mailing Address 5491 BEECHMONT AVE APT 506		<b>Transaction ID : SA.997762.24.TE07</b>
City CINCINNATI	State OH	Zip Code 45230-1160
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 54.63
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. EICHEL, LAURENCE, , ,</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2023
Mailing Address P.O. BOX 600		<b>Transaction ID : SA.1000154.24.TE07</b>
City WELLINGTON	State CO	Zip Code 80549-0600
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1145.11	TRANSFER FROM TEAM ELISE

<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 305 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
EICHEL, LAURENCE, , ,

Mailing Address P.O. BOX 600

City WELLINGTON State CO Zip Code 80549-0600

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 ▼ 1145.11

Date of Receipt 12 / 19 / 2023  
Transaction ID : SA.975597.24.TE07

Amount of Each Receipt this Period 10.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address P.O. BOX 600

City WELLINGTON State CO Zip Code 80549-0600

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 ▼ 1145.11

Date of Receipt 12 / 26 / 2023  
Transaction ID : SA.983347.24.TE07

Amount of Each Receipt this Period 1.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address P.O. BOX 600

City WELLINGTON State CO Zip Code 80549-0600

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 ▼ 1145.11

Date of Receipt 12 / 26 / 2023  
Transaction ID : SA.986385.24.TE07

Amount of Each Receipt this Period 35.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**SUBTOTAL** of Receipts This Page (optional).....▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 306 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. EICHEL, LAURENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 600  
 City WELLINGTON State CO Zip Code 80549-0600  
 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 ▼ 1145.11

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA.993356.24.TE07**  
 Amount of Each Receipt this Period 33.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. LEWIS, EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10100 EMPYREAN WAY APT 204  
 City LOS ANGELES State CA Zip Code 90067-3815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EDWARD G. LEWIS, A PROFESSION CORPORAT Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 102.00

Date of Receipt 12 / 26 / 2023  
**Transaction ID : SA.983435.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 12 / 19 / 2023  
**Transaction ID : SA.972031.24.TE07**  
 Amount of Each Receipt this Period 0.01  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 307 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 19 / 2023**  
**Transaction ID : SA.972077.24.TE07**  
 Amount of Each Receipt this Period 0.01  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 19 / 2023**  
**Transaction ID : SA.972097.24.TE07**  
 Amount of Each Receipt this Period 0.01  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 19 / 2023**  
**Transaction ID : SA.972139.24.TE07**  
 Amount of Each Receipt this Period 0.01  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 308 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 12 / 19 / 2023  
**Transaction ID : SA.972142.24.TE07**  
 Amount of Each Receipt this Period 0.01  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 12 / 19 / 2023  
**Transaction ID : SA.972143.24.TE07**  
 Amount of Each Receipt this Period 0.01  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 12 / 19 / 2023  
**Transaction ID : SA.972759.24.TE07**  
 Amount of Each Receipt this Period 0.10  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 309 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 19 / 2023**  
**Transaction ID : SA.974034.24.TE07**  
 Amount of Each Receipt this Period 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 19 / 2023**  
**Transaction ID : SA.974244.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 19 / 2023**  
**Transaction ID : SA.974245.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 310 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 12 / 19 / 2023  
**Transaction ID : SA.974271.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 12 / 19 / 2023  
**Transaction ID : SA.974321.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 12 / 19 / 2023  
**Transaction ID : SA.974340.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 311 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 12 / 19 / 2023  
**Transaction ID : SA.974408.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 12 / 19 / 2023  
**Transaction ID : SA.974411.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 12 / 19 / 2023  
**Transaction ID : SA.974460.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 312 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt: 12 / 19 / 2023  
**Transaction ID : SA.974461.24.TE07**  
 Amount of Each Receipt this Period: 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt: 12 / 19 / 2023  
**Transaction ID : SA.974479.24.TE07**  
 Amount of Each Receipt this Period: 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt: 12 / 19 / 2023  
**Transaction ID : SA.974541.24.TE07**  
 Amount of Each Receipt this Period: 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 313 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 12 / 19 / 2023  
**Transaction ID : SA.975173.24.TE07**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 12 / 19 / 2023  
**Transaction ID : SA.975192.24.TE07**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 12 / 19 / 2023  
**Transaction ID : SA.975208.24.TE07**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 314 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 26 / 2023**  
**Transaction ID : SA.980969.24.TE07**  
 Amount of Each Receipt this Period 0.01  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 26 / 2023**  
**Transaction ID : SA.981019.24.TE07**  
 Amount of Each Receipt this Period 0.01  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 26 / 2023**  
**Transaction ID : SA.981029.24.TE07**  
 Amount of Each Receipt this Period 0.01  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 315 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 12 / 26 / 2023  
**Transaction ID : SA.981030.24.TE07**  
 Amount of Each Receipt this Period 0.01  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 12 / 26 / 2023  
**Transaction ID : SA.981102.24.TE07**  
 Amount of Each Receipt this Period 0.01  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 12 / 26 / 2023  
**Transaction ID : SA.982761.24.TE07**  
 Amount of Each Receipt this Period 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 316 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : SA.982935.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : SA.982963.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : SA.982964.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 317 OF 352  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : SA.983074.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : SA.983172.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : SA.983224.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

0.00

**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 318 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : SA.983244.24.TE07**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : SA.983272.24.TE07**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : SA.983321.24.TE07**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 319 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : SA.983409.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : SA.983448.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : SA.983452.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 320 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 26 / 2023**  
**Transaction ID : SA.983544.24.TE07**  
 Amount of Each Receipt this Period 1.30  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 26 / 2023**  
**Transaction ID : SA.983723.24.TE07**  
 Amount of Each Receipt this Period 1.98  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 26 / 2023**  
**Transaction ID : SA.983768.24.TE07**  
 Amount of Each Receipt this Period 2.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 321 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : SA.983779.24.TE07**  
 Amount of Each Receipt this Period 2.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : SA.983780.24.TE07**  
 Amount of Each Receipt this Period 2.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : SA.983790.24.TE07**  
 Amount of Each Receipt this Period 2.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 322 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : SA.984028.24.TE07**  
 Amount of Each Receipt this Period  
 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : SA.984030.24.TE07**  
 Amount of Each Receipt this Period  
 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : SA.984755.24.TE07**  
 Amount of Each Receipt this Period  
 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 323 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : SA.984762.24.TE07**  
 Amount of Each Receipt this Period  
 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : SA.984763.24.TE07**  
 Amount of Each Receipt this Period  
 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : SA.984775.24.TE07**  
 Amount of Each Receipt this Period  
 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 324 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 1302 N STEPHEN AVE		<b>Transaction ID : SA.989069.24.TE07</b>
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.05
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 1302 N STEPHEN AVE		<b>Transaction ID : SA.989119.24.TE07</b>
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.10
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 1302 N STEPHEN AVE		<b>Transaction ID : SA.990019.24.TE07</b>
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

<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 325 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 31 / 2023**  
**Transaction ID : SA.990026.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 31 / 2023**  
**Transaction ID : SA.990100.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 31 / 2023**  
**Transaction ID : SA.990144.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 326 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 31 / 2023**  
**Transaction ID : SA.990204.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 31 / 2023**  
**Transaction ID : SA.990205.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 31 / 2023**  
**Transaction ID : SA.990206.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 327 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023  
**Transaction ID : SA.990338.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023  
**Transaction ID : SA.990417.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023  
**Transaction ID : SA.990437.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 328 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 12 / 31 / 2023  
**Transaction ID : SA.990471.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 12 / 31 / 2023  
**Transaction ID : SA.990486.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 12 / 31 / 2023  
**Transaction ID : SA.990487.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 329 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 31 / 2023**  
**Transaction ID : SA.991620.24.TE07**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 31 / 2023**  
**Transaction ID : SA.991652.24.TE07**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 31 / 2023**  
**Transaction ID : SA.991826.24.TE07**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 330 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 31 / 2023**  
**Transaction ID : SA.994059.24.TE07**  
 Amount of Each Receipt this Period 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 31 / 2023**  
**Transaction ID : SA.994154.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 31 / 2023**  
**Transaction ID : SA.994338.24.TE07**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 331 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 1302 N STEPHEN AVE		<b>Transaction ID : SA.994351.24.TE07</b>
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 1302 N STEPHEN AVE		<b>Transaction ID : SA.996898.24.TE07</b>
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.01
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 1302 N STEPHEN AVE		<b>Transaction ID : SA.997088.24.TE07</b>
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	TRANSFER
		TRANSFER FROM TEAM ELISE

<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 332 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023  
**Transaction ID : SA.997111.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023  
**Transaction ID : SA.997116.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023  
**Transaction ID : SA.997144.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 333 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA.997203.24.TE07**  
 Amount of Each Receipt this Period 2.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA.998164.24.TE07**  
 Amount of Each Receipt this Period 0.99  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA.998204.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 334 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 <b>Transaction ID : SA.998312.24.TE07</b>
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 <b>Transaction ID : SA.998313.24.TE07</b>
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.36	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. MAKOWSKI, BRUCE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 <b>Transaction ID : SA.998316.24.TE07</b>
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2190.36	

<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 335 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 31 / 2023**  
**Transaction ID : SA.998381.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 31 / 2023**  
**Transaction ID : SA.998416.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 31 / 2023**  
**Transaction ID : SA.998418.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 336 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 31 / 2023**  
**Transaction ID : SA.998566.24.TE07**  
 Amount of Each Receipt this Period 2.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 31 / 2023**  
**Transaction ID : SA.998696.24.TE07**  
 Amount of Each Receipt this Period 3.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt **12 / 31 / 2023**  
**Transaction ID : SA.999056.24.TE07**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 337 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA.999057.24.TE07**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. MAKOWSKI, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 N STEPHEN AVE  
 City CLAWSON State MI Zip Code 48017-1279  
 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 ▼ 2190.36

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA.999484.24.TE07**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. MIRABILE, LORRAINE, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1527 PELICAN PATH  
 City THE VILLAGES State FL Zip Code 32162-2208  
 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 ▼ 3815.74

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA.1000047.24.TE07**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 338 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. SOMMERFELD, MARGO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4454 CASITAS ST  
 City SAN DIEGO State CA Zip Code 92107-4218  
 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 ▼ 322.71

Date of Receipt 12 / 26 / 2023  
**Transaction ID : SA.982867.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. SOMMERFELD, MARGO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4454 CASITAS ST  
 City SAN DIEGO State CA Zip Code 92107-4218  
 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 ▼ 322.71

Date of Receipt 12 / 26 / 2023  
**Transaction ID : SA.983810.24.TE07**  
 Amount of Each Receipt this Period 2.08  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. SOMMERFELD, MARGO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4454 CASITAS ST  
 City SAN DIEGO State CA Zip Code 92107-4218  
 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 ▼ 322.71

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA.990518.24.TE07**  
 Amount of Each Receipt this Period 1.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 339 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. SOMMERFELD, MARGO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4454 CASITAS ST  
 City SAN DIEGO State CA Zip Code 92107-4218  
 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 ▼ 322.71

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023  
**Transaction ID : SA.991432.24.TE07**  
 Amount of Each Receipt this Period 4.95  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. SOMMERFELD, MARGO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4454 CASITAS ST  
 City SAN DIEGO State CA Zip Code 92107-4218  
 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 ▼ 322.71

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023  
**Transaction ID : SA.999019.24.TE07**  
 Amount of Each Receipt this Period 4.95  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. SOMMERFELD, MARGO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4454 CASITAS ST  
 City SAN DIEGO State CA Zip Code 92107-4218  
 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 ▼ 322.71

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023  
**Transaction ID : SA.999170.24.TE07**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<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 340 OF 352
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. SOMMERFELD, MARGO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4454 CASITAS ST  
 City SAN DIEGO State CA Zip Code 92107-4218  
 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 ▼ 322.71

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA.999460.24.TE07**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**B. SYNNOTT, DONNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 326 COUNCIL BLUFF PKWY.  
 City MURFREESBORO State TN Zip Code 37127-8317  
 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 ▼ 503.84

Date of Receipt 12 / 19 / 2023  
**Transaction ID : SA.973209.24.TE07**  
 Amount of Each Receipt this Period 0.20  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

**C. SYNNOTT, DONNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 326 COUNCIL BLUFF PKWY.  
 City MURFREESBORO State TN Zip Code 37127-8317  
 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 ▼ 503.84

Date of Receipt 12 / 26 / 2023  
**Transaction ID : SA.981775.24.TE07**  
 Amount of Each Receipt this Period 0.20  
 Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 341 OF 352	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
SYNNOTT, DONNA, , ,

Mailing Address 326 COUNCIL BLUFF PKWY.

City MURFREESBORO	State TN	Zip Code 37127-8317
----------------------	-------------	------------------------

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 ▼  
503.84

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		26		2023

**Transaction ID : SA.985780.24.TE07**

Amount of Each Receipt this Period  
20.82

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**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).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	118844.78

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**E-PAC**

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**

Mailing Address 1776 WILSON BLVD #530

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 12 / 2023

FEC Identification Number

C

Transaction ID : SB.3

Amount of Each Disbursement this Period

402.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. MRDLAW**

Mailing Address 191 UNIVERSITY BOULEVARD SUITE 532

City  
DENVER

State  
CO

Zip Code  
80206

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

FEC Identification Number

C

Transaction ID : SB.10

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITOL HILL CLUB**

Mailing Address 300 FIRST STREET SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 18 / 2023

FEC Identification Number

C

Transaction ID : SB.9

Amount of Each Disbursement this Period

70.00

Memo Item

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

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

5472.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR

City DALLAS State TX Zip Code 75201

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 19 / 2023

FEC Identification Number: C

Transaction ID : **SB.8**

Amount of Each Disbursement this Period: 40.30

Memo Item

**B. WINRED TECHNICAL SERVICES LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD #530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 19 / 2023

FEC Identification Number: C

Transaction ID : **SB.4**

Amount of Each Disbursement this Period: 312.72

Memo Item

**C. COMPLIANCE CONSULTING CO OF VIRGINIA LLC**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 20 / 2023

FEC Identification Number: C

Transaction ID : **SB.2**

Amount of Each Disbursement this Period: 1500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1853.02

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





# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**E-PAC**

Full Name (Last, First, Middle Initial)

### A. INTUIT

Mailing Address 2700 COAST AVE

City  
MOUNTAIN VIEW

State  
CA

Zip Code  
94043

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			26			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB.12

Amount of Each Disbursement this Period

[REDACTED] 60.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD #530

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			26			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB.5

Amount of Each Disbursement this Period

[REDACTED] 130.69

Memo Item

Full Name (Last, First, Middle Initial)

### C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD #530

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB.6

Amount of Each Disbursement this Period

[REDACTED] 95.73

Memo Item

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

[REDACTED] 286.42

**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

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

NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. WINRED TECHNICAL SERVICES LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD #530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 31 / 2023

FEC Identification Number: C

Transaction ID : SB.7

Amount of Each Disbursement this Period: 214.67

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 214.67

**TOTAL** This Period (last page this line number only)..... ▶ 20547.10

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

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name (Last, First, Middle Initial) <b>A. CELESTE FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 12 / 12 / 2023
Mailing Address PO BOX 2410		FEC Identification Number <b>C</b> C00842765 <b>Transaction ID : SB.29</b>
City CEDAR CITY	State UT	Zip Code 84721
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name MALOY, CELESTE, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2023 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item SPECIAL PRIMARY DEBT
State: UT	District: 02	

Full Name (Last, First, Middle Initial) <b>B. ESPOSITO FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 12 / 12 / 2023
Mailing Address PO BOX 622		FEC Identification Number <b>C</b> C00852889 <b>Transaction ID : SB.16</b>
City GOSHEN	State NY	Zip Code 10924
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name ESPOSITO, ALISON, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: NY	District: 18	

Full Name (Last, First, Middle Initial) <b>C. ESPOSITO FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 12 / 12 / 2023
Mailing Address PO BOX 622		FEC Identification Number <b>C</b> C00852889 <b>Transaction ID : SB.20</b>
City GOSHEN	State NY	Zip Code 10924
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name ESPOSITO, ALISON, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 18	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**E-PAC**

Full Name (Last, First, Middle Initial)

## A. NEW YORK STATE CONSERVATIVE PARTY

Mailing Address 486 78TH STREET

City  
BROOKLYN

State  
NY

Zip Code  
11209

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 023  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2023			

FEC Identification Number

**C** C00282343

**Transaction ID : SB.14**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

## B. GEORGE LOGAN FOR CONGRESS

Mailing Address 26 CATOONAH STREET PO BOX 72

City  
RIDGEFIELD

State  
CT

Zip Code  
06877

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

LOGAN, GEORGE, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: CT District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2023			

FEC Identification Number

**C** C00784926

**Transaction ID : SB.21**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

## C. IOWANS FOR ZACH NUNN

Mailing Address PO BOX 11

City  
BONDURANT

State  
IA

Zip Code  
50035

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

NUNN, ZACH, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2023			

FEC Identification Number

**C** C00784389

**Transaction ID : SB.17**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

11000.00

**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)  
**E-PAC**

Full Name (Last, First, Middle Initial) <b>A. NICOLE FOR NEW YORK</b>		Date of Disbursement MM / DD / YYYY 12 / 15 / 2023
Mailing Address PO BOX 60487		FEC Identification Number <b>C</b> C00694778 <b>Transaction ID : SB.18</b> Amount of Each Disbursement this Period 5000.00
City STATEN ISLAND	State NY	
Zip Code 10306		Memo Item <input type="checkbox"/>
Purpose of Disbursement CONTRIBUTION		
Candidate Name MALLIOTAKIS, NICOLE, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 11	

Full Name (Last, First, Middle Initial) <b>B. NICOLE FOR NEW YORK</b>		Date of Disbursement MM / DD / YYYY 12 / 15 / 2023
Mailing Address PO BOX 60487		FEC Identification Number <b>C</b> C00694778 <b>Transaction ID : SB.22</b> Amount of Each Disbursement this Period 5000.00
City STATEN ISLAND	State NY	
Zip Code 10306		Memo Item <input type="checkbox"/>
Purpose of Disbursement CONTRIBUTION		
Candidate Name MALLIOTAKIS, NICOLE, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 11	

Full Name (Last, First, Middle Initial) <b>C. REDDY FOR KANSAS</b>		Date of Disbursement MM / DD / YYYY 12 / 15 / 2023
Mailing Address PO BOX 15804		FEC Identification Number <b>C</b> C00845347 <b>Transaction ID : SB.23</b> Amount of Each Disbursement this Period 5000.00
City LENEXA	State KS	
Zip Code 66285		Memo Item <input type="checkbox"/>
Purpose of Disbursement CONTRIBUTION		
Candidate Name REDDY, PRASANTH, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KS	District: 03	

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

15000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. ROB FOR PA**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 971

City PITTSTON State PA Zip Code 18640

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
BRESNAHAN, ROB, , ,

Office Sought:  House  Senate  President  
State: PA District: 08

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
12 / 15 / 2023

FEC Identification Number  
C00852137  
**Transaction ID : SB.24**

Amount of Each Disbursement this Period  
5000.00

Memo Item

**B. THERIAULT FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 291

City FORT KENT State ME Zip Code 04743

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
THERIAULT, AUSTIN, , ,

Office Sought:  House  Senate  President  
State: ME District: 02

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
12 / 15 / 2023

FEC Identification Number  
C00852061  
**Transaction ID : SB.25**

Amount of Each Disbursement this Period  
5000.00

Memo Item

**C. CLAUDIA TENNEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 378

City VICTORY State NY Zip Code 14564

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
TENNEY, CLAUDIA, , ,

Office Sought:  House  Senate  President  
State: NY District: 24

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
12 / 19 / 2023

FEC Identification Number  
C00632828  
**Transaction ID : SB.26**

Amount of Each Disbursement this Period  
5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 15000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)
E-PAC

Form A: MAZI FOR CONGRESS. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (CONTRIBUTION), Candidate Name (PILIP, MAZI), Office Sought (House), Disbursement For (2024), and Amount of Each Disbursement (5000.00).

Form B: TONY GONZALES FOR CONGRESS. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (CONTRIBUTION), Candidate Name (GONZALES, ERNEST, ANTHONY), Office Sought (House), Disbursement For (2024), and Amount of Each Disbursement (2000.00).

Form C: TONY GONZALES FOR CONGRESS. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (CONTRIBUTION), Candidate Name (GONZALES, ERNEST, ANTHONY), Office Sought (House), Disbursement For (2024), and Amount of Each Disbursement (3000.00).

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

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

Summary boxes showing amounts: 10000.00 and a blank box.

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**E-PAC**

Full Name (Last, First, Middle Initial)

**A. DAN-PAFIRST PAC**

Mailing Address PO BOX 183

City  
HUDSON

State  
WI

Zip Code  
54016

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 023  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2023			

FEC Identification Number

C C00708172

Transaction ID : SB.15

Amount of Each Disbursement this Period

2500.00

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

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

2500.00

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

68500.00