

# 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

Reclaim America PAC

ADDRESS (number and street) 228 S WASHINGTON ST STE 115

Check if different than previously reported. (ACC)

Alexandria VA 22314

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

C C00500025

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of  

(d) 30-Day POST-Election Report for the:

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

Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 07 / 01 / 2023 through M M / D D / Y Y Y Y Y Y 07 / 31 / 2023

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 Lisker, Lisa, , ,

Signature of Treasurer Lisker, Lisa, , , Date M M / D D / Y Y Y Y Y Y 08 / 18 / 2023

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**

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Page 2

Write or Type Committee Name

**Reclaim America 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"/>	<input type="text" value="244018.56"/>	<input type="text" value="244018.56"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="186406.63"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="25900.00"/>	<input type="text" value="176200.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="212306.63"/>	<input type="text" value="420218.56"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="30829.46"/>	<input type="text" value="238741.39"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="181477.17"/>	<input type="text" value="181477.17"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

**Reclaim America 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).....	3250.00	55050.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3250.00	55050.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	7500.00	106000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	10750.00	161050.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	15150.00	15150.00
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)).....▶	25900.00	176200.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	25900.00	176200.00

**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 .....	25829.46	203741.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	25829.46	203741.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	30000.00
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	5000.00
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)) ..	30829.46	238741.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30829.46	238741.39

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	10750.00	161050.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10750.00	161050.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	25829.46	203741.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	15150.00	15150.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10679.46	188591.39

**SCHEDULE A (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 16
	<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	

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)  
**Reclaim America PAC**

**A. HIPP, VAN, D., MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 809 N. QUAKER LANE  
 City ALEXANDRIA State VA Zip Code 22302-3416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMERICAN DEFENSE INTL. INC. Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : SA11A.2563571**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
**CONTRIBUTION**

**B. KEISER, BELINDA, , MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6069 NW 87TH AVE  
 City PARKLAND State FL Zip Code 33067-5002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KEISER UNIVERSITY Occupation (for Individual) VICE CHANCELLOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : SA11A.2563573**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
**CONTRIBUTION**

**C. MUSILLO, CHRIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 309 VINE STREET  
 City CINCINNATI State OH Zip Code 45202-3524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MU LAW Occupation (for Individual) LAW  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 26 / 2023  
**Transaction ID : SA11A.2562498**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
**CONTRIBUTION**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 16
	<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)  
**Reclaim America PAC**

**A. OKUN, BERNARD, R., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6612 MAUGH RD  
 City MCLEAN State VA Zip Code 22101-4021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : SA11A.2563572**  
 Amount of Each Receipt this Period 750.00  
 Memo Item CONTRIBUTION

**B. RICHARDS, JAMES, D., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20338 CLIFTONS POINT ST.  
 City POTOMAC FALLS State VA Zip Code 20165-3103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CONERSTONE GOVT. AFFAIRS Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : SA11A.2563570**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

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

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3250.00

**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 8 OF 16
<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)  
**Reclaim America PAC**

**A. ERNST & YOUNG POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1101 NEW YORK AVE NW

City WASHINGTON	State DC	Zip Code 20005-4269
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FEC ID number of contributing federal political committee. **C** C00227744

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
07		28		2023

**Transaction ID : SA11C.2563582**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. FLORIDA CITRUS MUTUAL PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 1809

City LAKELAND	State FL	Zip Code 33802-1809
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00131607

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
07		28		2023

**Transaction ID : SA11C.2563581**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**C. GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GDC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 11011 SUNSET HILLS RD

City RESTON	State VA	Zip Code 20190-5311
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00078451

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2023

**Transaction ID : SA11C.2563580**

Amount of Each Receipt this Period  
3000.00

Memo Item  
CONTRIBUTION

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 16
<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)  
**Reclaim America PAC**

**A. DEL CIELO MEDIA LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 25458  
 City ALEXANDRIA State VA Zip Code 22313  
 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 ▼  
 15150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2023  
**Transaction ID : SA15.37268**  
 Amount of Each Receipt this Period  
 15150.00  
 Memo Item  
**VENDOR REFUND - CANCELLED MEDIA BUY**

**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).....▶	15150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	15150.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Reclaim America PAC**

Full Name (Last, First, Middle Initial) <b>A. HANIGAN, ASHTON, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2023	
Mailing Address C/O 228 S. WASHINGTON ST STE 115		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I3727</b> Amount of Each Disbursement this Period 1166.50	
City ALEXANDRIA	State VA	Zip Code 22314	Category/ Type
Purpose of Disbursement SALARY			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. HANIGAN, ASHTON, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2023	
Mailing Address C/O 228 S. WASHINGTON ST STE 115		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I3727</b> Amount of Each Disbursement this Period 1407.79	
City ALEXANDRIA	State VA	Zip Code 22314	Category/ Type
Purpose of Disbursement MILEAGE			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. HANIGAN, ASHTON, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2023	
Mailing Address C/O 228 S. WASHINGTON ST STE 115		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I3727</b> Amount of Each Disbursement this Period 1166.49	
City ALEXANDRIA	State VA	Zip Code 22314	Category/ Type
Purpose of Disbursement SALARY			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3740.78
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Reclaim America PAC**

Full Name (Last, First, Middle Initial) <b>A. HOLLER, DAN, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2023
Mailing Address C/O 228 S. WASHINGTON ST. STE. 115		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I3728</b> Amount of Each Disbursement this Period 2491.25
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement STRATEGIC CONSULTING		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. HOWD, CHRIS, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2023
Mailing Address 1024 N. RANDOLPH ST.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I3728</b> Amount of Each Disbursement this Period 657.67
City ARLINGTON	State VA	Zip Code 22201
Purpose of Disbursement ADMINISTRATIVE CONSULTING		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. ADP</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2023
Mailing Address ONE ADP BLVD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I3726</b> Amount of Each Disbursement this Period 114.40
City ROSELAND	State NJ	Zip Code 07068
Purpose of Disbursement PAYROLL SERVICE		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3263.32
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Reclaim America PAC**

**A. ADP**

Full Name (Last, First, Middle Initial)

Mailing Address ONE ADP BLVD

City ROSELAND State NJ Zip Code 07068

Purpose of Disbursement WORKERS COMP INSURANCE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 14 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I37271

Amount of Each Disbursement this Period: 11.92

Memo Item

**B. ADP**

Full Name (Last, First, Middle Initial)

Mailing Address ONE ADP BLVD

City ROSELAND State NJ Zip Code 07068

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 14 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I37271

Amount of Each Disbursement this Period: 291.27

Memo Item

**C. ADP**

Full Name (Last, First, Middle Initial)

Mailing Address ONE ADP BLVD

City ROSELAND State NJ Zip Code 07068

Purpose of Disbursement PAYROLL SERVICE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 21 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I37271

Amount of Each Disbursement this Period: 114.40

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 417.59

**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)  
**Reclaim America PAC**

**A. ADP**

Full Name (Last, First, Middle Initial)

Mailing Address ONE ADP BLVD

City ROSELAND State NJ Zip Code 07068

Purpose of Disbursement WORKERS COMP INSURANCE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 31 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I3727

Amount of Each Disbursement this Period: 11.92

Memo Item

**B. ADP**

Full Name (Last, First, Middle Initial)

Mailing Address ONE ADP BLVD

City ROSELAND State NJ Zip Code 07068

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 31 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I3727

Amount of Each Disbursement this Period: 291.28

Memo Item

**C. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 84314

City BATON ROUGE State LA Zip Code 70884

Purpose of Disbursement ONLINE PROCESSING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 26 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I3727

Amount of Each Disbursement this Period: 20.30

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 323.50

**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)  
**Reclaim America PAC**

Full Name (Last, First, Middle Initial)

**A. BB&T FINANCIAL SERVICES**

Mailing Address P.O. BOX 24747

City  
TAMPA

State  
FL

Zip Code  
33623-4747

Purpose of Disbursement  
CREDIT CARD PAYMENT-SEE MEMOS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	7			2	0	2	3		

FEC Identification Number

**C**

**Transaction ID : SB21B.I3728I**

Amount of Each Disbursement this Period

4942.92

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BOULEVARD

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	7			2	0	2	3		

FEC Identification Number

**C**

**Transaction ID : SB21B.I3728I**

Amount of Each Disbursement this Period

3322.70

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMTRAK**

Mailing Address 60 MASSACHUSETTS AVE. NE

City  
WASHINGTON

State  
DC

Zip Code  
20549-4285

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	7			2	0	2	3		

FEC Identification Number

**C**

**Transaction ID : SB21B.I3728I**

Amount of Each Disbursement this Period

58.25

Memo Item

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

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

4942.92

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**Reclaim America PAC**

**A. HYATT REGENCY WASHINGTON**

Full Name (Last, First, Middle Initial)

Mailing Address 400 NEW JERSEY AVE NW

City WASHINGTON State DC Zip Code 20001-2002

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 17 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I3728f

Amount of Each Disbursement this Period: 1561.97

Memo Item

**B. SOCKO STRATEGIES LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1101 30TH ST., NW STE 125

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement FUNDRAISING CONSULTING/TRAVEL/CATERING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 04 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I3728g

Amount of Each Disbursement this Period: 13136.10

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	13136.10
<b>TOTAL</b> This Period (last page this line number only).....▶	25824.21

# 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)  
**Reclaim America PAC**

**A. TIM SHEEHY FOR MONTANA**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 6456

City HELENA State MT Zip Code 59604

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
SHEEHY, TIM, , ,

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) **PRIMARY**

State: MT District:

Date of Disbursement  
MM / DD / YYYY  
07 / 06 / 2023

FEC Identification Number  
**C** C00844159  
**Transaction ID : SB23.I37284**

Amount of Each Disbursement this Period  
5000.00

Memo Item

**B.**

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

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
**C**

Amount of Each Disbursement this Period

Memo Item

**C.**

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

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
**C**

Amount of Each Disbursement this Period

Memo Item

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