

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Working Every Night and Day for You

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="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="34658.63"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="0.00"/>	<input type="text" value="44238.63"/>
(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="34658.63"/>	<input type="text" value="44238.63"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10550.00"/>	<input type="text" value="20130.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="24108.63"/>	<input type="text" value="24108.63"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="1500.00"/>	

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Working Every Night and Day for You

Report Covering the Period: From: 07 / 01 / 2023 To: 09 / 30 / 2023

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).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	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 Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	44238.63
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)).....▶	0.00	44238.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	44238.63

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	9550.00	11550.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	9550.00	11550.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1000.00
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).....	1000.00	7580.00
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)) ..	10550.00	20130.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10550.00	20130.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	9550.00	11550.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9550.00	11550.00

**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

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)

Working Every Night and Day for You

Full Name (Last, First, Middle Initial)

A. CFS Compliance

Mailing Address Po Box 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement Compliance Consulting Category/Type 001

Candidate Name

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

Date of Disbursement

MM/DD/YYYY 07/27/2023

FEC Identification Number

C Transaction ID : SB21B.4166 Amount of Each Disbursement this Period 750.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CFS Compliance

Mailing Address Po Box 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement Compliance Consulting Category/Type 001

Candidate Name

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

Date of Disbursement

MM/DD/YYYY 07/27/2023

FEC Identification Number

C Transaction ID : SB21B.4188 Amount of Each Disbursement this Period 750.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens to Elect Tom Didier

Mailing Address 303 East Washington Blvd Suite 101

City Fort Wayne State IN Zip Code 46802

Purpose of Disbursement PAC Political Contributions Category/Type 011

Candidate Name

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

Date of Disbursement

MM/DD/YYYY 08/21/2023

FEC Identification Number

C Transaction ID : SB21B.4181 Amount of Each Disbursement this Period 500.00

Memo Item

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

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

2000.00

**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)

Working Every Night and Day for You

Full Name (Last, First, Middle Initial)

A. Kosciusko County GOP

Mailing Address P.O Box 457

City
Warsaw

State
IN

Zip Code
46581

Purpose of Disbursement
PAC Political Contribution

011

Category/
Type

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
0	8		2	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4171

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

B. Noble County Republican Party

Mailing Address P.O Box 125

City
Albion

State
IN

Zip Code
46701

Purpose of Disbursement
PAC Political Contribution

011

Category/
Type

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
0	8		2	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4175

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

C. Northeast Indiana Base Community Council

Mailing Address P.O Box 10306

City
Fort Wayne

State
IN

Zip Code
46851

Purpose of Disbursement
PAC Political Contribution

011

Category/
Type

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
0	8		2	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4179

Amount of Each Disbursement this Period

7	5	0	0	0	0	0	0	0	0
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Memo Item

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

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

3	5	5	0	0	0	0	0	0	0
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3	5	5	0	0	0	0	0	0	0
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**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)

Working Every Night and Day for You

Full Name (Last, First, Middle Initial)

A. Right to Life of Northern Indiana-Educational Trust Fund

Mailing Address 3106 Lake Ave

City
Fort Wayne

State
IN

Zip Code
46805

Purpose of Disbursement

PAC Political Contribution

011

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
0	8		2	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4178

Amount of Each Disbursement this Period

2	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

B. Russ Jehl for City Council

Mailing Address 8714 Oakcliff Lane

City
Fort Wayne

State
IN

Zip Code
46804

Purpose of Disbursement

PAC Political Contribution

011

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
0	8		2	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4173

Amount of Each Disbursement this Period

5	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

C. Scott MyersMD.com

Mailing Address 2015 Jackson St

City
Anderson

State
IN

Zip Code
46016

Purpose of Disbursement

PAC Political Contribution

011

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
0	8		2	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4169

Amount of Each Disbursement this Period

5	0	0	0	0	0
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Memo Item

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

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

3	0	0	0	0	0
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**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)

Working Every Night and Day for You

Full Name (Last, First, Middle Initial)

A. Senate Majority Campaign Committee

Mailing Address P.O Box 2182

City
Indianapolis

State
IN

Zip Code
46206

Purpose of Disbursement
PAC Political Contribution

011

Category/
Type

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
0	8		2	1		2	0	2	3

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.4183

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

B. Wells County GOP

Mailing Address P.O Box 512

City
Bluffton

State
IN

Zip Code
46714

Purpose of Disbursement
PAC Political Contribution

011

Category/
Type

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
0	8		2	1		2	0	2	3

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.4172

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[Redacted]

Category/
Type

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 [Redacted]

Amount of Each Disbursement this Period

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Memo Item

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

1	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

9	5	5	0	0	0	0	0	0	0
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Working Every Night and Day for You

Full Name (Last, First, Middle Initial)

A. Lana Keesling for City Clerk

Mailing Address 127 Estero Road

City
Fort Wayne

State
IN

Zip Code
46845

Purpose of Disbursement

Political Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4167

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

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

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

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).....▶

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

1000.00

1000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 11
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Working Every Night and Day for You

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CFS Compliance			Nature of Debt (Purpose): Compliance Consulting
Mailing Address Po Box 30844			
City Bethesda	State MD	Zip Code 20824	

Outstanding Balance Beginning This Period 750.00	Transaction ID : SD10.4161	
Amount Incurred This Period 0.00	Payment This Period 750.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CFS Compliance			Nature of Debt (Purpose): Compliance Consulting
Mailing Address Po Box 30844			
City Bethesda	State MD	Zip Code 20824	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4192	
Amount Incurred This Period 750.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 750.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CFS Compliance			Nature of Debt (Purpose): Compliance Consulting
Mailing Address Po Box 30844			
City Bethesda	State MD	Zip Code 20824	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4191	
Amount Incurred This Period 750.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 750.00

1) SUBTOTALS This Period This Page (optional)..... ▶	1500.00
2) TOTALS This Period (last page this line number only)..... ▶	1500.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	1500.00