

# 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**  
**DO RIGHT BAYOU PAC**

ADDRESS (number and street) **PO BOX 64845**  
Check if different than previously reported. (ACC) **BATON ROUGE LA 70896**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00635557** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  2023 through  /  /  2023

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

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

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**DO RIGHT BAYOU 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"/>		50076.45
(b) Cash on Hand at Beginning of Reporting Period.....	43770.78	
(c) Total Receipts (from Line 19) .....	20000.00	37500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	63770.78	87576.45
7. Total Disbursements (from Line 31).....	16753.30	40558.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	47017.48	47017.48
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

DO RIGHT BAYOU PAC

Report Covering the Period: From: 06 / 01 / 2023 To: 06 / 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).....	20000.00	37500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	20000.00	37500.00
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).....	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)).....▶	20000.00	37500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	20000.00	37500.00

**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 .....	253.30	1558.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	253.30	1558.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16500.00	38500.00
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	500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16753.30	40558.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16753.30	40558.97

**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) .....	20000.00	37500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20000.00	37500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	253.30	1558.97
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	253.30	1558.97

**SCHEDULE A (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 12
<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

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)  
**DO RIGHT BAYOU PAC**

**A. CHARTER COMMUNICATIONS INC. POLITICAL ACTION COMMITTEE**

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

Mailing Address 400 ATLANTIC STREET  
10TH FLOOR

City STAMFORD State CT Zip Code 06901

FEC ID number of contributing federal political committee. **C** C00426775

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  
 06 / 30 / 2023

**Transaction ID : SA11C.4950**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. ENTERGY CORPORATION POLITICAL ACTION COMMITTEE (ENPAC)**

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

Mailing Address 425 WEST CAPITOL AVENUE, STE24B

City LITTLE ROCK State AR Zip Code 72201

FEC ID number of contributing federal political committee. **C** C00363879

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  
 06 / 30 / 2023

**Transaction ID : SA11C.4952**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC**

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

Mailing Address 1325 MASSACHUSETTS AVE., NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00238725

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  
 06 / 13 / 2023

**Transaction ID : SA11C.4949**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15000.00
<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 7 OF 12  
(check only one)

<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)  
**DO RIGHT BAYOU PAC**

**A. UNITED PARCEL SERVICE INC. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 55 GLENLAKE PARKWAY NE

City ATLANTA	State GA	Zip Code 30328
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FEC ID number of contributing federal political committee. **C** C00064766

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		30		2023

**Transaction ID : SA11C.4951**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address

City	State	Zip Code
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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
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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
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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
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Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	20000.00

# 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)  
**DO RIGHT BAYOU PAC**

**A. RED CURVE SOLUTIONS**

Full Name (Last, First, Middle Initial)

Mailing Address 138 CONANT STREET  
SUITE 401

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 09 / 2023

FEC Identification Number: C

Transaction ID : SB21B.4953

Amount of Each Disbursement this Period: 253.30

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	253.30
<b>TOTAL</b> This Period (last page this line number only).....▶	253.30



# 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)  
**DO RIGHT BAYOU PAC**

**A. BRIAN FITZPATRICK FOR ALL OF US**

Full Name (Last, First, Middle Initial)  
BRIAN FITZPATRICK FOR ALL OF US

Date of Disbursement: MM / DD / YYYY  
06 / 30 / 2023

Mailing Address: PO BOX 939

City: LANGHORNE State: PA Zip Code: 19047

Purpose of Disbursement: FEDERAL CONTRIBUTION

Candidate Name: FITZPATRICK, BRIAN, , ,

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

State: PA District: 01

FEC Identification Number: C00607416  
Transaction ID : SB23.4954  
Amount of Each Disbursement this Period: 1500.00

Memo Item

**B. DESPOSITO FOR NEW YORK**

Full Name (Last, First, Middle Initial)  
DESPOSITO FOR NEW YORK

Date of Disbursement: MM / DD / YYYY  
06 / 30 / 2023

Mailing Address: PO BOX 188

City: ISLAND PARK State: NY Zip Code: 11558

Purpose of Disbursement: FEDERAL CONTRIBUTION

Candidate Name: DESPOSITO, ANTHONY P, , ,

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

State: NY District: 04

FEC Identification Number: C00809426  
Transaction ID : SB23.4956  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. FRIENDS OF DAVID SCHWEIKERT**

Full Name (Last, First, Middle Initial)  
FRIENDS OF DAVID SCHWEIKERT

Date of Disbursement: MM / DD / YYYY  
06 / 30 / 2023

Mailing Address: 8175 EAST EVANS ROAD # 13176

City: SCOTTSDALE State: AZ Zip Code: 85267

Purpose of Disbursement: FEDERAL CONTRIBUTION

Candidate Name: SCHWEIKERT, DAVID S., , ,

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

State: AZ District: 01

FEC Identification Number: C00540617  
Transaction ID : SB23.4958  
Amount of Each Disbursement this Period: 1500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5500.00

**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)

Form for line numbers 21b-30b with checkboxes, where 23 is selected.

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NAME OF COMMITTEE (In Full)
DO RIGHT BAYOU PAC

Form A: KEAN FOR CONGRESS INC. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form B: LALOTA FOR CONGRESS. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form C: MIKE GARCIA FOR CONGRESS. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

SUBTOTAL of Disbursements This Page (optional) and TOTAL This Period (last page this line number only) summary rows.

# 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)  
**DO RIGHT BAYOU PAC**

Full Name (Last, First, Middle Initial)

### A. SALAZAR FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2023

Mailing Address 3725 WEST FLAGLER STREET  
#281

FEC Identification Number

C	C00714261
---	-----------

City MIAMI State FL Zip Code 33134

Transaction ID : SB23.4965

Purpose of Disbursement  
FEDERAL CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

**SALAZAR, MARIA ELVIRA, , ,**

Category/  
Type

1000.00
---------

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

Memo Item

State: FL District: 27

Full Name (Last, First, Middle Initial)

### B. VALADAO FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2023

Mailing Address 5132 NORTH PALM AVENUE  
#227

FEC Identification Number

C	C00499392
---	-----------

City FRESNO State CA Zip Code 93704

Transaction ID : SB23.4966

Purpose of Disbursement  
FEDERAL CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

**VALADAO, DAVID, , ,**

Category/  
Type

1000.00
---------

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

Memo Item

State: CA District: 21

Full Name (Last, First, Middle Initial)

### C. VAN ORDEN FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2023

Mailing Address PO BOX 1836

FEC Identification Number

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

City LA CROSSE State WI Zip Code 54602

Transaction ID : SB23.4968

Purpose of Disbursement  
FEDERAL CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

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

Category/  
Type

2500.00
---------

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

Memo Item

State: WI District: 03

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

4500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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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 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)  
**DO RIGHT BAYOU PAC**

**A. YOUNG KIM FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 2186

City FULLERTON State CA Zip Code 92837

Purpose of Disbursement  
FEDERAL CONTRIBUTION

Candidate Name  
**KIM, YOUNG, , ,**

Office Sought:  House  Senate  President  
State: CA District: 39

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
06 / 30 / 2023

FEC Identification Number  
**C** C00665638  
**Transaction ID : SB23.4969**

Amount of Each Disbursement this Period  
1500.00

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
**C**

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
**C**

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	16500.00