PAGE 1 / 10

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

TORM OX FO	r Other Than An Auti	Torized Committee		Office Use Only
NAME OF COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M	5
Working Every Night and	d Day for You	1		
	PO Box 30844			
ADDRESS (number and street)				
Check if different				
than previously reported. (ACC)	Bethesda		MD	20814
2. FEC IDENTIFICATION NUM	IBER ▼ CIT	YA	STATE ▲	ZIP CODE ▲
C C00835579		S THIS EPORT X (N) O	R AM	IENDED
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar	20 (M3) Jun 20 (M	M6) Sep	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		20 (M4) Jul 20 (M	7) Oct	20 (M10) Jan 31 (YE)
Quarterly Report (Q1) July 15	(C) 12-Day	Primary (12P)	General	(12G) Runoff (12R)
Quarterly Report (Q2) October 15	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (Q3) January 31		M M / D D	/ Y = Y = Y	in the
Year-End Report (YE)	Election	n on		State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (3	Special (30S)
Termination Report (TER)	Electio	n on	/ Y = Y = Y = Y	in the State of
5. Covering Period 10	01 2023	through 12	31	2023
I certify that I have examined this	Report and to the best of	my knowledge and belief it is	s true, correct and	d complete.
Type or Print Name of Treasurer	Martin, Steven, , ,			
Signature of Treasurer Martin,	Steven, , ,		Date 01	/ 31 / Y Y Y Y Y Y Y 2024
NOTE: Submission of false, erroneou	us, or incomplete information	n may subject the person signi	ng this Report to the	ne penalties of 52 U.S.C. § 30109
Office Use Only				FEC FORM 3X Rev. 05/2016

	FEC Form 3X (Rev. 05/2016)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
W	Irite or Type Committee Name		
_\	Working Every Night and Day for	You	
R		10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	To: 12 / 31 / 2023
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2023		0.00
	(b) Cash on Hand at Beginning of Reporting Period	24108.63	
	(c) Total Receipts (from Line 19)	3.15	44241.78
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	24111.78	44241.78
7.	Total Disbursements (from Line 31)	6054.35	26184.35
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18057.43	18057.43
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on		

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

Schedule C and/or Schedule D)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

0.00

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016) Page 3

Write or Type Committee Name

Working Every	[,] Night and	Day for You
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01 10 2023 12 31 2023 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized (iii) TOTAL (add 0.00 0.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 0.00 0.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 44238.63 Party Committees..... 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 3.15 (Dividends, Interest, etc.)..... 3.15 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 44241.78 12, 13, 14, 15, 16, 17, and 18(c))....... 3.15 20. Total Federal Receipts 3.15 44241.78 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Operating Expenditures:	iotai iiiis Fellou	Calellual Teal-10-Date	
(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	5050.00	16600.00	
Expenditures(c) Total Operating Expenditures	3030.00	10000.00	
(add 21(a)(i), (a)(ii), and (b))▶	5050.00	16600.00	
Transfers to Affiliated/Other Party			
Committees	0.00	0.00	
Contributions to Federal Candidates/Committees	4 4		
and Other Political Committees	0.00	1000.00	
. Independent Expenditures			
(use Schedule E) Coordinated Party Expenditures	0.00	0.00	
(52 U.S.C. § 30116(d))	0.00		
(use Schedule F)	0.00	0.00	
. Loan Repayments Made	0.00	0.00	
Edul Hopaymonia Wada	0.00	0.00	
. Loans Made	0.00	0.00	
Refunds of Contributions To: (a) Individuals/Persons Other	4 4		
Than Political Committees	0.00	0.00	
	4 4	4 4	
(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	
Other Disbursements (Including			
Non-Federal Donations)	1004.35	8584.35	
F		4 4	
Federal Election Activity (52 U.S.C. § 30101(20)))		
(a) Allocated Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(i) i odorai oriaro	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid	4 4	45 45 45	
Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add	7 7	7 7 7	
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
	7 7	7 7 7	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	6054.35	26184.35	
T. 15 1 18:1	4 4	4 4	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	6054.35	26184.35	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 5	
III. Net Contributions/ Operating Expenditures			
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))▶	5050.00	16600.00	
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5050.00	16600.00	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 6 OF 10 (check only one)		
TEMPLE DIODONOLINE			21b 28a	22 23 26 27 28b 28c 29 30b	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)					
Working Every Night and Day for Y	ou				
Full Name (Last, First, Middle Initial)				Data of Dishuraement	
^{A.} Adams County Republican Party				Date of Disbursement	
Mailing Address PO Box 67				10 23 2023	
,	State	Zip Code		FEC Identification Number	
Decatur Purpose of Disbursement	IN	46733			
Event Ticket			001	C	
Candidate Name		l		Transaction ID : SB21B.4195	
			Category/ Type	Amount of Each Disbursement this Period	
Office Sought: House Disbursem	ent For:			300.00	
Senate I	Primary	General			
	Other (speci	ify) 🔻		Memo Item	
State: District: Full Name (Last, First, Middle Initial)				_	
D				Date of Disbursement	
Allen County GOP				M M / D D / Y Y Y Y	
Mailing Address PO Box 11014				10 04 2023	
,	State	Zip Code		FEC Identification Number	
Fort Wayne Purpose of Disbursement	Fort Wayne IN 46855				
Event Tickets		11	001	C	
Candidate Name		I	Category/	Transaction ID : SB21B.4186 Amount of Each Disbursement this Period	
			Type		
Office Sought: House Disbursem				1450.00	
	Primary	General			
State: District:	Other (speci	ıty)		Memo Item	
Full Name (Last, First, Middle Initial)					
^{C.} CFS Compliance				Date of Disbursement	
Mailing Address Po Box 30844				10 09 2023	
City	State	Zip Code		FEC Identification Number	
Bethesda	MD	20824			
Purpose of Disbursement			004	C	
PAC Compliance Consulting Candidate Name Category/				Transaction ID : SB21B.4216 Amount of Each Disbursement this Period	
000			Type	750.00	
ffice Sought: House Disbursement For:				750.00	
	Primary Other (speci	General			
State: District:	oniei (speci	''y) ▼		Memo Item	
				2500.00	
SUBTOTAL of Disbursements This Page (optional)			·····	2500.00	

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ITEMIZED DISBURSEMENTS	for each	Use separate schedule(s) (ch		FOR LINE NUMBER: PAGE 7 OF 1 (check only one) X 21b	
Any information copied from such Reports and State or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)		,			
Working Every Night and Day for	You				
Full Name (Last, First, Middle Initial)				Date of Disbursement	
A. CFS Compliance				M M / D D / Y Y Y Y	
Mailing Address Po Box 30844				10 09 2023	
City	State	Zip Code		FEC Identification Number	
Purpose of Disbursement	MD	20824			
PAC Compliance Consutling			001	C	
Candidate Name				Transaction ID : SB21B.4217	
-			Category/ Type	Amount of Each Disbursement this Period	
Office Sought: House Disburse	ement For:		71: -	750.00	
Senate	Primary	General			
President	Other (spec	cify) ▼		Memo Item	
State: District:				_	
Full Name (Last, First, Middle Initial)				Date of Dishursement	
B. CFS Compliance				Date of Disbursement	
Mailing Address Po Box 30844		12 21 2023			
City	State	Zip Code		FEC Identification Number	
Bethesda Purposo of Disburgament	MD	20824			
Purpose of Disbursement Compliance Consulting			001	C	
Candidate Name				Transaction ID : SB21B.4213	
-			Category/ Type	Amount of Each Disbursement this Period	
Office Sought: House Disburse	ement For:			1500.00	
Senate	Primary	General		4 4	
President	Other (spec	cify)		Memo Item	
State: District:				L	
Full Name (Last, First, Middle Initial)				Date of Dishuraness	
C. Noble County Republican Womer	n's Club			Date of Disbursement	
Mailing Address PO Box 125				10 23 7 2023	
City	State	Zip Code		EEC Identification Number	
Albion	IN	46701		FEC Identification Number	
Purpose of Disbursement			004		
Event Tickets Candidate Name			001	Transaction ID : SB21B.4193	
Candidate Name			Category/	Amount of Each Disbursement this Period	
Office Sought: House Disburse	ement For:		Туре	300.00	
Senate	Primary	General			
President	Other (spec			Memo Item	
State: District:				Wellio Itelli	
SUBTOTAL of Disbursements This Page (optional)				2550.00	
				5050.00	
TOTAL This Period (last page this line number onl	y)			5050.00	

	Use separate schedule(s) for each category of the Detailed Summary Page (check		FOR LINE (check only 21b 28a	22 23 26 27	
Any information copied from such Reports and States or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) Working Every Night and Day for N	me and addr				
Full Name (Last, First, Middle Initial) A. Committee to Elect David Abbott Mailing Address P.O Box 125	Date of Disbursement M				
Albion Purpose of Disbursement State Political Contribution Candidate Name	ment For: Primary Other (spec	Zip Code 46701	O11 Category/ Type	FEC Identification Number C Transaction ID: SB29.4219 Amount of Each Disbursement this Period 250.00 Memo Item	
Huntertown Purpose of Disbursement State Political Contribution Candidate Name Office Sought: House Disbursel Senate President	State IN ment For: Primary Other (spec	Zip Code 46748	011 Category/ Type	Date of Disbursement M	
State: District: Full Name (Last, First, Middle Initial) C. Joanna King for the People Mailing Address PO Box 11 City Middlebury Purpose of Disbursement State Political Contribution Candidate Name	State IN ment For:	Zip Code 46540	011 Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s		FOR LINE NUMBER: PAGE 9 OF 10	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c X 29 30b	
Any information copied from such Reports and Staten or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	add. 555 or drif point		22	
Working Every Night and Day for Y	′ou			
Full Name (Last, First, Middle Initial)			Data of Dishar	
Running with Rhoades			Date of Disbursement	
Mailing Address 883 S 900 E			11 15 2023	
City Pierceton	State Zip Code IN 46562		FEC Identification Number	
Purpose of Disbursement	40302			
State Political Contribution		011	C	
Candidate Name			Transaction ID : SB29.4220	
Sandidate Name		Category/ Type	Amount of Each Disbursement this Period	
Office Sought: House Disbursen	nent For:	71.	250.00	
Senate	Primary General		, , , , , , , , , , , , , , , , , , , ,	
State: President State:	Other (specify) ▼		Memo Item	
Full Name (Last, First, Middle Initial)				
3.			Date of Disbursement	
Mailing Address			M = M / D = D / Y = Y = Y	
Mailing Address				
City	State Zip Code		FEC Identification Number	
Purpose of Disbursement	1		C	
Candidate Name		Category/ Type	Amount of Each Disbursement this Period	
Office Sought: House Disbursen	nent For:	1,700		
	Primary General		4 4	
President State: District:	Other (specify)		Memo Item	
Full Name (Last, First, Middle Initial)			Date of Disbursement	
··			M M / D D / Y Y Y Y	
Mailing Address				
City	State Zip Code		FEC Identification Number	
Purpose of Disbursement	C			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period	
Office Sought: House Disbursen	nent For:	1,700		
	Primary General		7 7 4	
President	Other (specify) ▼		Mama Itam	
State: District:	• • •		Memo Item	
SUBTOTAL of Disbursements This Page (optional)			250.00	
			7 7 4	
TOTAL This Period (last page this line number only)			1000.00	

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

PAGE

9 **X** 10

10

10 OF

NAME OF COMMITTEE (In Full) Working Every Night and Day for Yo	ou				
A. Full Name (Last, First, Middle Initial) of Debt	Nature of Debt (Purpose):				
CFS Compliance			Compliance Consulting		
Mailing Address Po Box 30844					
City	State	Zip Code			
Bethesda	MD	20824			
Outstanding Balance Beginning This Period			Transaction ID : SD10.4192		
750.00					
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period		
0.00		750.00	0.00		
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of Debt (Purpose):		
CFS Compliance			Compliance Consulting		
Mailing Address Po Box 30844					
City Bethesda	State MD	Zip Code 20824			
Outstanding Balance Beginning This Period			Transaction ID : SD10.4191		
750.00					
Amount Incurred This Period	Amount Incurred This Period Payment This Period				
0.00	· · · · · · · · · · · · · · · · · · ·				
7 7 7	T	7 7	7 7		
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		Nature of Debt (Purpose):		
Mailing Address					
City	State	Zip Code			
Outstanding Balance Beginning This Period Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period		
1) SUBTOTALS This Period This Page (optional)			0.00		
2) TOTALS This Period (last page this line number	er only)		0.00		
3) TOTAL OUTSTANDING LOANS from Schedule					
4) ADD 2) and 3) and carry forward to appropriate					