

# 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

L PAC

ADDRESS (number and street) 2120 L Street NW  
Suite 850  
 Check if different than previously reported. (ACC) Washington DC 20037

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

C C00519413

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:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> 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:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> 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 01 / 01 / 2022 through M M / D D / Y Y Y Y Y Y 03 / 31 / 2022

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

Rosen, Hilary, , ,

Type or Print Name of Treasurer

Signature of Treasurer Rosen, Hilary, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 10 / 13 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

L 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="2022"/>	<input type="text" value="65918.40"/>	<input type="text" value="65918.40"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="65918.40"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="216200.85"/>	<input type="text" value="216200.85"/>
(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="282119.25"/>	<input type="text" value="282119.25"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="205000.18"/>	<input type="text" value="205000.18"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="77119.07"/>	<input type="text" value="77119.07"/>
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:**

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

**L 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).....	22850.00	22850.00
(ii) Unitemized .....	1533.00	1533.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	24383.00	24383.00
(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) .....	24383.00	24383.00
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).....	10060.70	10060.70
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	181757.15	181757.15
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)).....▶	216200.85	216200.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	216200.85	216200.85

**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 .....	65350.18	65350.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	65350.18	65350.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29000.00	29000.00
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).....	110650.00	110650.00
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)) ..	205000.18	205000.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	205000.18	205000.18

**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) .....	24383.00	24383.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24383.00	24383.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	65350.18	65350.18
37. Offsets to Operating Expenditures (from Line 15, page 3).....	10060.70	10060.70
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	55289.48	55289.48

**SCHEDULE A (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 36
	<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)  
**L PAC**

**A. Garrity, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11920 Latigo Ln  
 City Oakton State VA Zip Code 22124-2313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2022  
**Transaction ID : VNW3HM4FVQ0**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 \* Earmarked Contribution: See Below

**B. ActBlue**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 441146  
 City West Somerville State MA Zip Code 02144-0031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7268.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2022  
**Transaction ID : VNW3HM4FVQ0E**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 Note: Above Contribution earmarked through this organization.

**C. Ritchie, Alix, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 030220  
 City Fort Lauderdale State FL Zip Code 33303-0220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Media Consultant  
 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  
 03 / 25 / 2022  
**Transaction ID : VNW3HM3PN23**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5250.00
<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 36
<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)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Hoover, Kimberly, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 28 / 2022
Mailing Address 1000 Brickell Plz 2912		<b>Transaction ID : VNW3HM3R0H3</b>
City Miami	State FL	Zip Code 33131-3833
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Red Multifamily	Occupation (for Individual) CEO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Buckwalter-Poza, Rebecca, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 26 / 2022
Mailing Address 1447 Chapin St NW Apt 301		<b>Transaction ID : VNW3HM3PNG4</b>
City Washington	State DC	Zip Code 20009-4100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Senior Advisor	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Hoover, Kimberly, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 06 / 2022
Mailing Address 1000 Brickell Plz 2912		<b>Transaction ID : VNW3HM265S4</b>
City Miami	State FL	Zip Code 33131-3833
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Red Multifamily	Occupation (for Individual) CEO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 700.00	* Earmarked Contribution: See Below

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<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 8 OF 36
	<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)  
**L PAC**

**A. ActBlue**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 441146  
 City West Somerville State MA Zip Code 02144-0031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7268.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2022  
**Transaction ID : VNW3HM265S4E**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 Note: Above Contribution earmarked through this organization.

**B. Barua, Nandini, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 E 66Th St Apt 2A  
 City New York State NY Zip Code 10065-6531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Beyond Barriers Labs Inc. CEO  
 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  
 03 / 25 / 2022  
**Transaction ID : VNW3HM3PN15**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**C. Rosen, Hilary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4835 Hutchins PI NW  
 City Washington State DC Zip Code 20007-1529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 SKDK PR  
 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  
 03 / 26 / 2022  
**Transaction ID : VNW3HM3PN65**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<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 36
	<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)  
**L PAC**

**A. Weiner, Shari, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Park Ave  
 Apt 17D  
 City New York State NY Zip Code 10075-0280  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Murphy Mckeon PC Attorney  
 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  
 03 / 05 / 2022  
**Transaction ID : VNW3HM265R7**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 \* Earmarked Contribution: See Below

**B. ActBlue**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 441146  
 City West Somerville State MA Zip Code 02144-0031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Conduit total listed in Agg. field  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 7268.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2022  
**Transaction ID : VNW3HM265R7E**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 Note: Above Contribution earmarked through this organization.

**C. Stubbs, Rennae, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33A Ellwood St  
 City Glen Cove State NY Zip Code 11542-2430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Self Employed Tennis Professional  
 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  
 03 / 30 / 2022  
**Transaction ID : VNW3HM4FVR8**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 \* Earmarked Contribution: See Below

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6000.00
<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 10 OF 36  
(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)  
**L PAC**

**A. ActBlue**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7268.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2022

**Transaction ID : VNW3HM4FVR8E**

Amount of Each Receipt this Period  
1000.00

Memo Item

Note: Above Contribution earmarked through this organization.

**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  
MM / DD / YYYY

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  
MM / DD / YYYY

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).....	22850.00

**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 11 OF 36
<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)  
**L PAC**

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

Mailing Address 32 Vreeland Ct

City Princeton	State NJ	Zip Code 08540-6760
-------------------	-------------	------------------------

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 ▼  
9976.68

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	24	/	2022

**Transaction ID : VNW3HM4PWM3**

Amount of Each Receipt this Period  
9976.68

Memo Item

Non-Contribution Account; Augusta Munn Tilney COBRA Reimbursement

**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).....	9976.68
<b>TOTAL</b> This Period (last page this line number only).....	9976.68

**SCHEDULE A (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 36
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Ricketts, Laura, , ,</b>		Date of Receipt
Mailing Address 430 Sheridan Rd		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2022"/>
City Wilmette	State IL	Zip Code 60091-2821
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VNW3HM4PWHO</b>
Name of Employer (for Individual) Chicago Cubs		Occupation (for Individual) Co-Owner
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="161757.15"/>	Amount of Each Receipt this Period <input type="text" value="161757.15"/>
		<input type="checkbox"/> Memo Item
		Non-Contribution Account; Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Weiner, Shari, , ,</b>		Date of Receipt
Mailing Address 900 Park Ave Apt 17D		<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2022"/>
City New York	State NY	Zip Code 10075-0280
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VNW3HM36601</b>
Name of Employer (for Individual) Murphy Mckeon PC		Occupation (for Individual) Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
		<input type="checkbox"/> Memo Item
		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Guthman, Maureen, , ,</b>		Date of Receipt
Mailing Address 395 Riverside Dr Apt 11F		<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2022"/>
City New York	State NY	Zip Code 10025-1892
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VNW3HM1JRN3</b>
Name of Employer (for Individual) Paramount Global		Occupation (for Individual) Television Executive
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
		<input type="checkbox"/> Memo Item
		Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="171757.15"/>
<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 13 OF 36
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. PLANNED PARENTHOOD VOTES**

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

Mailing Address 123 William St

City New York	State NY	Zip Code 10038-3804
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00489799

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	26	/	2022

**Transaction ID : VNW3HM4PWJ8**

Amount of Each Receipt this Period  
10000.00

Memo Item

Non-Contribution Account

**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).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	181757.15

**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)  
**L PAC**

**A. Harmon Curran Spielberg + Eisenberg LLP**

Full Name (Last, First, Middle Initial)

Mailing Address 1726 M St NW  
Ste 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement Legal Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 23 / 2022

FEC Identification Number: C

Transaction ID : VNV49A2SW

Amount of Each Disbursement this Period: 1468.00

Memo Item

**B. LPAC Action Network**

Full Name (Last, First, Middle Initial)

Mailing Address 2120 L St NW  
Ste 850

City Washington State DC Zip Code 20037-1550

Purpose of Disbursement Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 10 / 2022

FEC Identification Number: C

Transaction ID : VNV49A2SW

Amount of Each Disbursement this Period: 15000.00

Memo Item

**C. ActBlue Technical Services**

Full Name (Last, First, Middle Initial)

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

Purpose of Disbursement Merchant Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 30 / 2022

FEC Identification Number: C

Transaction ID : VNV49A2PF1

Amount of Each Disbursement this Period: 0.60

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	16468.60
<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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. CNA</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2022	
Mailing Address 1 Meridian Blvd Ste 3A01		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV49A2QH</b> Amount of Each Disbursement this Period [REDACTED] 244.02	
City Wyomissing	State PA	Zip Code 19610-3235	
Purpose of Disbursement Workers Compensation Insurance		Category/ Type [REDACTED]	
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. Care Creative</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2022	
Mailing Address 172 Pacific Avenue,		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV49A2SVZ</b> Amount of Each Disbursement this Period [REDACTED] 3900.00	
City Toronto ON M6P 2P5 Canada	State ZZ	Zip Code 00000	
Purpose of Disbursement Graphic Design		Category/ Type [REDACTED]	
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. Harmon Curran Spielberg + Eisenberg LLP</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2022	
Mailing Address 1726 M St NW Ste 600		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV49A2SW</b> Amount of Each Disbursement this Period [REDACTED] 100.00	
City Washington	State DC	Zip Code 20036-4523	
Purpose of Disbursement Legal Consulting		Category/ Type [REDACTED]	
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).....	[REDACTED] 4244.02
<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)  
**L PAC**

**A. Paragon Payment Solutions**

Full Name (Last, First, Middle Initial)

Mailing Address 2141 E Broadway Rd

City Tempe State AZ Zip Code 85282-1892

Purpose of Disbursement Merchant Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 03 / 2022

FEC Identification Number: C

Transaction ID : VNV49A2QH

Amount of Each Disbursement this Period: 376.09

Memo Item

**B. Blue Wave Political Partners LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 514 Daniels St # 286

City Raleigh State NC Zip Code 27605-1317

Purpose of Disbursement Compliance Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 04 / 2022

FEC Identification Number: C

Transaction ID : VNV49A2STX

Amount of Each Disbursement this Period: 1508.70

Memo Item

**C. Squarespace**

Full Name (Last, First, Middle Initial)

Mailing Address 8 Clarkson St

City New York State NY Zip Code 10014-4301

Purpose of Disbursement Software

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 21 / 2022

FEC Identification Number: C

Transaction ID : VNV49A2SW

Amount of Each Disbursement this Period: 250.16

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2134.95

**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)  
**L PAC**

Full Name (Last, First, Middle Initial)

**A. CNA**

Mailing Address 1 Meridian Blvd  
Ste 3A01

City  
Wyomissing

State  
PA

Zip Code  
19610-3235

Purpose of Disbursement  
Workers Compensation Insurance

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : VNV49A2SW1**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. LPAC Action Network**

Mailing Address 2120 L St NW  
Ste 850

City  
Washington

State  
DC

Zip Code  
20037-1550

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : VNV49A2SW7**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. NGP VAN, Inc.**

Mailing Address 1101 15Th St NW  
Ste 500

City  
Washington

State  
DC

Zip Code  
20005-5006

Purpose of Disbursement  
Software

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : VNV49A2SW**  
Amount of Each Disbursement this Period

Memo Item

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

**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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. DC Health Link</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2022
Mailing Address PO Box 97022		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV49A2QH</b> Amount of Each Disbursement this Period 3883.81
City Washington	State DC	Zip Code 20090-7022
Purpose of Disbursement Health Insurance		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. Blue Wave Political Partners LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 11 / 2022
Mailing Address 514 Daniels St # 286		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV49A2STW</b> Amount of Each Disbursement this Period 1500.00
City Raleigh	State NC	Zip Code 27605-1317
Purpose of Disbursement Compliance Services		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. DC Health Link</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2022
Mailing Address PO Box 97022		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV49A2SW</b> Amount of Each Disbursement this Period 3883.81
City Washington	State DC	Zip Code 20090-7022
Purpose of Disbursement Health Insurance		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	

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

9267.62

**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)  
**L PAC**

**A. ActBlue Technical Services**

Full Name (Last, First, Middle Initial)

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

Purpose of Disbursement Merchant Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 31 / 2022

FEC Identification Number C

Transaction ID : VNV49A2SEE

Amount of Each Disbursement this Period 39.54

Memo Item

**B. CNA**

Full Name (Last, First, Middle Initial)

Mailing Address 1 Meridian Blvd Ste 3A01

City Wyomissing State PA Zip Code 19610-3235

Purpose of Disbursement Workers Compensation Insurance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 02 / 02 / 2022

FEC Identification Number C

Transaction ID : VNV49A2SWI

Amount of Each Disbursement this Period 244.02

Memo Item

**C. ActBlue Technical Services**

Full Name (Last, First, Middle Initial)

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

Purpose of Disbursement Merchant Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 01 / 16 / 2022

FEC Identification Number C

Transaction ID : VNV49A2MD

Amount of Each Disbursement this Period 3.95

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 287.51

**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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. LPAC Action Network</b>			Date of Disbursement MM / DD / YYYY 02 / 03 / 2022		
Mailing Address 2120 L St NW Ste 850			FEC Identification Number C [REDACTED] <b>Transaction ID : VNV49A2SW</b> Amount of Each Disbursement this Period [REDACTED] 8852.50		
City Washington	State DC	Zip Code 20037-1550	Category/Type [REDACTED]		
Purpose of Disbursement Salary			Memo Item <input type="checkbox"/>		
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:					
Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>			Date of Disbursement MM / DD / YYYY 02 / 06 / 2022		
Mailing Address 366 Summer St			FEC Identification Number C [REDACTED] <b>Transaction ID : VNV49A2PSA</b> Amount of Each Disbursement this Period [REDACTED] 3.95		
City Somerville	State MA	Zip Code 02144-3132	Category/Type [REDACTED]		
Purpose of Disbursement Merchant Fee			Memo Item <input type="checkbox"/>		
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:					
Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>			Date of Disbursement MM / DD / YYYY 03 / 20 / 2022		
Mailing Address 366 Summer St			FEC Identification Number C [REDACTED] <b>Transaction ID : VNV49A2RM</b> Amount of Each Disbursement this Period [REDACTED] 3.95		
City Somerville	State MA	Zip Code 02144-3132	Category/Type [REDACTED]		
Purpose of Disbursement Merchant Fee			Memo Item <input type="checkbox"/>		
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:					
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[REDACTED] 8860.40		
<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)  
**L PAC**

**A. Blue Wave Political Partners LLC**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 514 Daniels St  
# 286

M M M	/	D D D	/	Y Y Y Y Y
01		05		2022

City Raleigh State NC Zip Code 27605-1317

FEC Identification Number

Purpose of Disbursement  
Compliance Services

C
---

Transaction ID : VNV49A2QH  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1500.00
---------

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

Memo Item

State: District:

**B. ActBlue Technical Services**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 366 Summer St

M M M	/	D D D	/	Y Y Y Y Y
02		20		2022

City Somerville State MA Zip Code 02144-3132

FEC Identification Number

Purpose of Disbursement  
Merchant Fee

C
---

Transaction ID : VNV49A2QNF  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

3.95
------

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

Memo Item

State: District:

**C. ActBlue Technical Services**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 366 Summer St

M M M	/	D D D	/	Y Y Y Y Y
03		06		2022

City Somerville State MA Zip Code 02144-3132

FEC Identification Number

Purpose of Disbursement  
Merchant Fee

C
---

Transaction ID : VNV49A2QY  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

217.25
--------

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

Memo Item

State: District:

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

1721.20
---------

**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 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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. DC Health Link</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2022
Mailing Address PO Box 97022		FEC Identification Number <b>C</b> Transaction ID : VNV49A2SW Amount of Each Disbursement this Period 3883.81
City Washington	State DC	
Zip Code 20090-7022	Purpose of Disbursement Health Insurance	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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. Kight, Kate, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 11 / 2022
Mailing Address 1629 L St NE Unit 303		FEC Identification Number <b>C</b> Transaction ID : VNV49A2STP Amount of Each Disbursement this Period 1250.00
City Washington	State DC	
Zip Code 20002-3055	Purpose of Disbursement Communication Consulting	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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. Paragon Payment Solutions</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2022
Mailing Address 2141 E Broadway Rd		FEC Identification Number <b>C</b> Transaction ID : VNV49A2SW Amount of Each Disbursement this Period 327.96
City Tempe	State AZ	
Zip Code 85282-1892	Purpose of Disbursement Merchant Fee	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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:		

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

5461.77

**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)  
**L PAC**

### A. ActBlue Technical Services

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 366 Summer St

M M M	/	D D D	/	Y Y Y Y Y
03		27		2022

City Somerville	State MA	Zip Code 02144-3132
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FEC Identification Number

Purpose of Disbursement  
Merchant Fee

C
---

Candidate Name

Transaction ID : VNV49A2SE#

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

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

Category/  
Type

13.83
-------

Memo Item

### B. ActBlue Technical Services

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 366 Summer St

M M M	/	D D D	/	Y Y Y Y Y
02		28		2022

City Somerville	State MA	Zip Code 02144-3132
--------------------	-------------	------------------------

FEC Identification Number

Purpose of Disbursement  
Merchant Fee

C
---

Transaction ID : VNV49A2QYV

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

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

Category/  
Type

0.04
------

Memo Item

### C. DC Health Link

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 97022

M M M	/	D D D	/	Y Y Y Y Y
02		02		2022

City Washington	State DC	Zip Code 20090-7022
--------------------	-------------	------------------------

FEC Identification Number

Purpose of Disbursement  
Health Insurance

C
---

Transaction ID : VNV49A2SW

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

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

Category/  
Type

3883.81
---------

Memo Item

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

3897.68
---------

**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 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)  
**L PAC**

**A. ActBlue Technical Services**

Full Name (Last, First, Middle Initial)

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

Purpose of Disbursement Merchant Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 31 / 2022

FEC Identification Number: C

Transaction ID : VNV49A2PFV

Amount of Each Disbursement this Period: 0.04

Memo Item

**B. Kight, Kate, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1629 L St NE Unit 303

City Washington State DC Zip Code 20002-3055

Purpose of Disbursement Communication Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 05 / 2022

FEC Identification Number: C

Transaction ID : VNV49A2QHW

Amount of Each Disbursement this Period: 5000.00

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).....▶	5000.04
<b>TOTAL</b> This Period (last page this line number only).....▶	64815.01



# 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)  
**L PAC**

## A. SHARICE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 13851 W 63Rd St  
NUM 303

City Shawnee State KS Zip Code 66216-3800

Purpose of Disbursement  
Contribution - Federal

Candidate Name  
**DAVIDS, SHARICE, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: KS District: 03

Date of Disbursement

MM / DD / YYYY  
03 / 22 / 2022

FEC Identification Number

**C** C00670034

Transaction ID : VNV49A2SV3

Amount of Each Disbursement this Period

5000.00

Memo Item

## B. MICHELE FOR FLORIDA, INC.

Full Name (Last, First, Middle Initial)

Mailing Address 1802 N Belcher Rd  
Ste 100

City Clearwater State FL Zip Code 33765-1454

Purpose of Disbursement  
Contribution - Federal

Candidate Name  
**RAYNER, MICHELE K. MS., , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: FL District: 13

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2022

FEC Identification Number

**C** C00782136

Transaction ID : VNV49A2STY

Amount of Each Disbursement this Period

3000.00

Memo Item

## C. ANGIE CRAIG FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 22116

City Eagan State MN Zip Code 55122-0116

Purpose of Disbursement  
Contribution - Federal

Candidate Name  
**CRAIG, ANGELA DAWN, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: MN District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 22 / 2022

FEC Identification Number

**C** C00575209

Transaction ID : VNV49A2SV;

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

13000.00

**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 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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. BECCA BALINT FOR VERMONT</b>		Date of Disbursement MM / DD / YYYY 03 / 21 / 2022
Mailing Address PO Box 1251		FEC Identification Number C 000797175 <b>Transaction ID : VNV49A2SV1</b> Amount of Each Disbursement this Period 5000.00
City Brattleboro	State VT	Zip Code 05302-1251
Purpose of Disbursement Contribution - Federal		Category/Type
Candidate Name <b>BECCA BALINT FOR VERMONT</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. JAMIE FOR OREGON</b>		Date of Disbursement MM / DD / YYYY 03 / 29 / 2022
Mailing Address PO Box 42307		FEC Identification Number C 000792465 <b>Transaction ID : VNV49A2SV5</b> Amount of Each Disbursement this Period 3000.00
City Portland	State OR	Zip Code 97242-0307
Purpose of Disbursement Contribution - Federal		Category/Type
Candidate Name <b>MCLEOD-SKINNER, JAMIE, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: OR	District: 05	

Full Name (Last, First, Middle Initial) <b>C. JASMINE BEACH-FERRARA FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 03 / 16 / 2022
Mailing Address PO Box 7553		FEC Identification Number C 000771360 <b>Transaction ID : VNV49A2SVI</b> Amount of Each Disbursement this Period 3000.00
City Asheville	State NC	Zip Code 28802-7553
Purpose of Disbursement Contribution - Federal		Category/Type
Candidate Name <b>BEACH-FERRARA, JASMINE, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NC	District: 11	

**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)  
**L PAC**

**A. JAMIE FOR OREGON**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 42307

City Portland State OR Zip Code 97242-0307

Purpose of Disbursement Contribution - Federal

Candidate Name **MCLEOD-SKINNER, JAMIE, , ,**

Office Sought:  House  Senate  President Disbursement For: 2022  Primary  General  Other (specify) ▼

State: OR District: 05

Date of Disbursement 03 / 16 / 2022

FEC Identification Number **C** C00792465  
**Transaction ID : VNV49A2SV4**

Amount of Each Disbursement this Period 2000.00

Memo Item

**B. HEATHER MIZEUR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 786

City Chestertown State MD Zip Code 21620-0786

Purpose of Disbursement Contribution - Federal

Candidate Name **MIZEUR, HEATHER RENAY, , ,**

Office Sought:  House  Senate  President Disbursement For: 2022  Primary  General  Other (specify) ▼

State: MD District: 01

Date of Disbursement 03 / 16 / 2022

FEC Identification Number **C** C00767657  
**Transaction ID : VNV49A2STZ**

Amount of Each Disbursement this Period 3000.00

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).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	29000.00

**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 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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Celia For Austin</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2022
Mailing Address PO Box 16489		FEC Identification Number <b>C</b> <b>Transaction ID : VNV49A2SVP</b> Amount of Each Disbursement this Period 400.00
City Austin	State TX	
Zip Code 78761-6489		Memo Item <input type="checkbox"/>
Purpose of Disbursement Contribution - Non-Federal		
Candidate Name		Category/Type <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Zoey Zephyr For HD 100</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2022
Mailing Address PO Box 5213		FEC Identification Number <b>C</b> <b>Transaction ID : VNV49A2SVP</b> Amount of Each Disbursement this Period 400.00
City Missoula	State MT	
Zip Code 59806-5213		Memo Item <input type="checkbox"/>
Purpose of Disbursement Contribution - Non-Federal		
Candidate Name		Category/Type <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Dana Nessel</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2022
Mailing Address PO Box 11141		FEC Identification Number <b>C</b> <b>Transaction ID : VNV49A2SVP</b> Amount of Each Disbursement this Period 4650.00
City Lansing	State MI	
Zip Code 48901-1141		Memo Item <input type="checkbox"/>
Purpose of Disbursement Contribution - Non-Federal		
Candidate Name		Category/Type <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

5450.00

**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 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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Lightfoot For Chicago</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2022
Mailing Address 600 W Jackson Blvd Ste 100		FEC Identification Number <b>C</b> Transaction ID : VNV49A2SVC Amount of Each Disbursement this Period 59900.00
City Chicago	State IL Zip Code 60661-5609	
Purpose of Disbursement Contribution - Non-Federal		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jennifer Esteen RN For Assembly 2022</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2022
Mailing Address 2058 D St		FEC Identification Number <b>C</b> Transaction ID : VNV49A2SVT Amount of Each Disbursement this Period 500.00
City Hayward	State CA Zip Code 94541	
Purpose of Disbursement Contribution - Non-Federal		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Benham For PA</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2022
Mailing Address 2805 Cobden St		FEC Identification Number <b>C</b> Transaction ID : VNV49A2SVI Amount of Each Disbursement this Period 500.00
City Pittsburgh	State PA Zip Code 15203-2608	
Purpose of Disbursement Contribution - Non-Federal		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	60900.00
<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 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)  
**L PAC**

**A. Mary Gonzalez Campaign**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 450

City Clint State TX Zip Code 79836-0450

Purpose of Disbursement Contribution - Non-Federal

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 31 / 2022

FEC Identification Number: C

Transaction ID : VNV49A2SVN

Amount of Each Disbursement this Period: 500.00

Memo Item

**B. Kris Mayes For Arizona**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 32787

City Phoenix State AZ Zip Code 85064-2787

Purpose of Disbursement Contribution - Non-Federal

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 30 / 2022

FEC Identification Number: C

Transaction ID : VNV49A2SV6

Amount of Each Disbursement this Period: 5300.00

Memo Item

**C. Friends Of Tina Kotek**

Full Name (Last, First, Middle Initial)

Mailing Address 7930 N Wabash Ave

City Portland State OR Zip Code 97217-6038

Purpose of Disbursement Contribution - Non-Federal

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 31 / 2022

FEC Identification Number: C

Transaction ID : VNV49A2SVI

Amount of Each Disbursement this Period: 25000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 30800.00

**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 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)  
**L PAC**

**A. Friends Of Deborah Glick**

Full Name (Last, First, Middle Initial)

Mailing Address 3 E 28Th St

City New York State NY Zip Code 10016-7408

Purpose of Disbursement Contribution - Non-Federal

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 30 / 2022

FEC Identification Number **C**

Transaction ID : VNV49A2SVS

Amount of Each Disbursement this Period 500.00

Memo Item

**B. Julie Johnson For Texas**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 110937

City Carrollton State TX Zip Code 75011-0937

Purpose of Disbursement Contribution - Non-Federal

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 31 / 2022

FEC Identification Number **C**

Transaction ID : VNV49A2SVY

Amount of Each Disbursement this Period 500.00

Memo Item

**C. Georgette Gomez For Assembly 2022**

Full Name (Last, First, Middle Initial)

Mailing Address 5445 Madison Ave

City Sacramento State CA Zip Code 95841-3111

Purpose of Disbursement Contribution - Non-Federal

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 28 / 2022

FEC Identification Number **C**

Transaction ID : VNV49A2SVI

Amount of Each Disbursement this Period 500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1500.00

**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 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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Jolanda Jones Campaign</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2022
Mailing Address 10709 Marsha Ln		FEC Identification Number <b>C</b> Transaction ID : VNV49A2SVI Amount of Each Disbursement this Period 500.00
City Houston	State TX	
Zip Code 77024-3122		Memo Item <input type="checkbox"/>
Purpose of Disbursement Contribution - Non-Federal		
Candidate Name		Category/Type <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Elect Deb Butler</b>		Date of Disbursement MM / DD / YYYY 03 / 28 / 2022
Mailing Address 401 S 4Th St		FEC Identification Number <b>C</b> Transaction ID : VNV49A2SVA Amount of Each Disbursement this Period 500.00
City Wilmington	State NC	
Zip Code 28401-5280		Memo Item <input type="checkbox"/>
Purpose of Disbursement Contribution - Non-Federal		
Candidate Name		Category/Type <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Erin Zwiener For Texas House</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2022
Mailing Address PO Box 184		FEC Identification Number <b>C</b> Transaction ID : VNV49A2SVI Amount of Each Disbursement this Period 500.00
City Driftwood	State TX	
Zip Code 78619-0184		Memo Item <input type="checkbox"/>
Purpose of Disbursement Contribution - Non-Federal		
Candidate Name		Category/Type <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1500.00
<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 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)  
**L PAC**

**A. Friends Of Jessica Katzenmeyer**

Full Name (Last, First, Middle Initial)

Mailing Address 7139 W Greenfield Ave  
Apt 10

City West Allis State WI Zip Code 53214-4700

Purpose of Disbursement Contribution - Non-Federal

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 31 / 2022

FEC Identification Number **C**

Transaction ID : VNV49A2SV#

Amount of Each Disbursement this Period 500.00

Memo Item

**B. Eunic Ortiz For Florida Senate**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 7082

City Saint Petersburg State FL Zip Code 33734-7082

Purpose of Disbursement Contribution - Non-Federal

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 30 / 2022

FEC Identification Number **C**

Transaction ID : VNV49A2SV#

Amount of Each Disbursement this Period 500.00

Memo Item

**C. Elect Renitta Shannon**

Full Name (Last, First, Middle Initial)

Mailing Address 2107 N Decatur Rd  
# 717

City Decatur State GA Zip Code 30033-5305

Purpose of Disbursement Contribution - Non-Federal

Candidate Name

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

State: District:

Date of Disbursement 01 / 05 / 2022

FEC Identification Number **C**

Transaction ID : VNV49A2SW

Amount of Each Disbursement this Period 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2000.00

**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 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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Committee To Elect Judson Scanlon</b>		Date of Disbursement MM / DD / YYYY 03 / 28 / 2022
Mailing Address PO Box 94742		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV49A2SV9</b> Amount of Each Disbursement this Period 500.00
City North Little Rock	State AR	Zip Code 72190-4742
Purpose of Disbursement Contribution - Non-Federal		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" 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. Spearman For North Las Vegas Mayor</b>		Date of Disbursement MM / DD / YYYY 03 / 28 / 2022
Mailing Address 5575 Simmons St		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV49A2SVE</b> Amount of Each Disbursement this Period 5000.00
City North Las Vegas	State NV	Zip Code 89031-9009
Purpose of Disbursement Contribution - Non-Federal		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" 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. Ann Johnson For State Rep District 134</b>		Date of Disbursement MM / DD / YYYY 03 / 28 / 2022
Mailing Address 325 W 18Th St		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV49A2SVI</b> Amount of Each Disbursement this Period 500.00
City Houston	State TX	Zip Code 77008-3903
Purpose of Disbursement Contribution - Non-Federal		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" 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).....▶	6000.00
<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 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)  
**L PAC**

**A. Deja For PA**

Full Name (Last, First, Middle Initial)

Mailing Address 505 S Sartain St

City Philadelphia State PA Zip Code 19147-1203

Purpose of Disbursement Contribution - Non-Federal

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 31 / 2022

FEC Identification Number **C**

Transaction ID : VNV49A2SVJ

Amount of Each Disbursement this Period 500.00

Memo Item

**B. Christy Holstege For Assembly 2022**

Full Name (Last, First, Middle Initial)

Mailing Address 1787 Tribute Rd Ste K

City Sacramento State CA Zip Code 95815-4404

Purpose of Disbursement Contribution - Non-Federal

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 30 / 2022

FEC Identification Number **C**

Transaction ID : VNV49A2SVJ

Amount of Each Disbursement this Period 500.00

Memo Item

**C. Friends Of Nickie J Antonio**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 11141

City Lansing State MI Zip Code 48901-1141

Purpose of Disbursement Contribution - Non-Federal

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 28 / 2022

FEC Identification Number **C**

Transaction ID : VNV49A2SVJ

Amount of Each Disbursement this Period 500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1500.00

**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 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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Janelle Perez Campaign</b>		Date of Disbursement MM / DD / YYYY 03 / 28 / 2022
Mailing Address 1742 West Flagler Street		FEC Identification Number <b>C</b> Transaction ID : VNV49A2SVL Amount of Each Disbursement this Period 500.00
City Miami	State FL	
Purpose of Disbursement Contribution - Non-Federal	Zip Code 33135	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Menjivar For Senate 2022</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2022
Mailing Address 400 Capitol Mall Ste 1545		FEC Identification Number <b>C</b> Transaction ID : VNV49A2SVV Amount of Each Disbursement this Period 500.00
City Sacramento	State CA	
Purpose of Disbursement Contribution - Non-Federal	Zip Code 95814-4434	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number <b>C</b> Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Zip Code	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	110650.00