

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 A NEW NATION PAC

ADDRESS (number and street) P.O. BOX 3535 Check if different than previously reported. (ACC) BALLWIN MO 63022-3535

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00531764 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [] AMENDED (A)

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

5. Covering Period 01 / 01 / 2024 through 03 / 31 / 2024

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

Signature of Treasurer DATWYLER, THOMAS, , , Date 04 / 15 / 2024

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

A NEW NATION 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="2024"/>	<input type="text" value="77214.20"/>	<input type="text" value="77214.20"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="77214.20"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="95001.29"/>	<input type="text" value="95001.29"/>
(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="172215.49"/>	<input type="text" value="172215.49"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="71139.24"/>	<input type="text" value="71139.24"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="101076.25"/>	<input type="text" value="101076.25"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

A NEW NATION PAC

Report Covering the Period: From: 01 / 01 / 2024 To: 03 / 31 / 2024

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).....	75000.00	75000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	75000.00	75000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	20000.00	20000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	95000.00	95000.00
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).....	1.29	1.29
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	95001.29	95001.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	95001.29	95001.29

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	42139.24	42139.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	42139.24	42139.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28000.00	28000.00
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).....	1000.00	1000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1000.00	1000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
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)) ..	71139.24	71139.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	71139.24	71139.24

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	95000.00	95000.00
34. Total Contribution Refunds (from Line 28(d))	1000.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	94000.00	94000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	42139.24	42139.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1.29	1.29
38. Net Operating Expenditures (subtract Line 37 from Line 36)	42137.95	42137.95

**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 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
A NEW NATION PAC

A. BRAUER, BLACKFORD, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 UPPER LADUE RD
 City SAINT LOUIS State MO Zip Code 63124-1675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DANFORTH PLANT SCIENCE CENTER Occupation (for Individual) DIRECTOR
 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
 02 / 26 / 2024
Transaction ID : AB50C0318F87B4629B24
 Amount of Each Receipt this Period
 5000.00
 Memo Item

B. BRAUER, SUZANNE, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 UPPER LADUE RD
 City SAINT LOUIS State MO Zip Code 63124-1675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 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
 02 / 26 / 2024
Transaction ID : A2B1F5BA7BA0A421085E
 Amount of Each Receipt this Period
 5000.00
 Memo Item

C. BRINKMANN, ROBERT, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 BARN RD
 City DEFIANCE State MO Zip Code 63341-1915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BRINKMANN CONSTRUCTORS Occupation (for Individual) OWNER
 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
 02 / 26 / 2024
Transaction ID : A7F989D547E404EB3B4A
 Amount of Each Receipt this Period
 10000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	20000.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 7 OF 22
Use separate schedule(s) for each category of the Detailed Summary Page
[] 11a [] 11b [] 11c [] 12
[] 13 [] 14 [] 15 [] 16 [] 17

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NAME OF COMMITTEE (In Full)
A NEW NATION PAC

A. BRINKMANN, ROBERT, G, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 5 BARN RD
City DEFIANCE State MO Zip Code 63341-1915
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) BRINKMANN CONSTRUCTORS Occupation (for Individual) OWNER
Receipt For: [] Primary [] General [] Other (specify)
Aggregate Year-to-Date 5000.00

Date of Receipt 02 / 26 / 2024
Transaction ID : A406F46395AEC4BA99E8
Amount of Each Receipt this Period -5000.00
[X] Memo Item
REATTRIBUTION FROM MEMO
REATTRIBUTION FROM

B. BRINKMANN, KIMBERLY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 5 BARN RD
City DEFIANCE State MO Zip Code 63341-1915
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) R.G. BRINKMANN CO Occupation (for Individual) INTERIORS SPECIALIST
Receipt For: [] Primary [] General [] Other (specify)
Aggregate Year-to-Date 5000.00

Date of Receipt 02 / 26 / 2024
Transaction ID : AC626225F18CD44D4BC6
Amount of Each Receipt this Period 5000.00
[X] Memo Item
REATTRIBUTION TO MEMO
REATTRIBUTION TO

C. DAVIDSON, DONALD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 13930 MISSOURI BOTTOM RD
City BRIDGETON State MO Zip Code 63044-3803
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED
Receipt For: [] Primary [] General [] Other (specify)
Aggregate Year-to-Date 5000.00

Date of Receipt 03 / 12 / 2024
Transaction ID : A3800063B0117423B833
Amount of Each Receipt this Period 5000.00
[] Memo Item

SUBTOTAL of Receipts This Page (optional)..... 5000.00
TOTAL 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 22
	<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)
A NEW NATION PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GORNET, MATTHEW, F., ,

Mailing Address 9900 LITZSINGER RD

City SAINT LOUIS	State MO	Zip Code 63124-1162
---------------------	-------------	------------------------

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 ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2024

Transaction ID : A7E232D60D369499D964

Amount of Each Receipt this Period
10000.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GORNET, MATTHEW, F., ,

Mailing Address 9900 LITZSINGER RD

City SAINT LOUIS	State MO	Zip Code 63124-1162
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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 ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2024

Transaction ID : A7828AB7517E24FB4B91

Amount of Each Receipt this Period
- 5000.00

Memo Item
REATTRIBUTION FROM MEMO

REATTRIBUTION FROM

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RATTS, VALERIE, S., ,

Mailing Address 9900 LITZSINGER RD

City SAINT LOUIS	State MO	Zip Code 63124-1162
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WASHINGTON UNIVERSITY	Occupation (for Individual) PHYSICIAN
--	--

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 / 21 / 2024

Transaction ID : A409FACEE30AD40318E2

Amount of Each Receipt this Period
5000.00

Memo Item
REATTRIBUTION TO MEMO

REATTRIBUTION TO

SUBTOTAL of Receipts This Page (optional).....	10000.00
TOTAL 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 22
	<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)
A NEW NATION PAC

A. GREWE, CARLA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 639 GRAVOIS BLUFFS BLVD
STE D

City FENTON State MO Zip Code 63026-7738

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
03 / 29 / 2024
Transaction ID : ABD1A4FA7F3444B0F91B

Amount of Each Receipt this Period
10000.00

Memo Item

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

Mailing Address 639 GRAVOIS BLUFFS BLVD
STE D

City FENTON State MO Zip Code 63026-7738

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
03 / 29 / 2024
Transaction ID : AA9E81CC0FA964B7EA8A

Amount of Each Receipt this Period
- 5000.00

Memo Item
 REATTRIBUTION FROM MEMO
 REATTRIBUTION FROM

C. GREWE, GARY, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 639 GRAVOIS BLUFFS BLVD

City FENTON State MO Zip Code 63026-7732

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

Name of Employer (for Individual) G.J. GREWE INC. Occupation (for Individual) REAL ESTATE

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
03 / 29 / 2024
Transaction ID : A5DD5A807EB734DC3AF3

Amount of Each Receipt this Period
5000.00

Memo Item
 REATTRIBUTION TO MEMO
 REATTRIBUTION TO

SUBTOTAL of Receipts This Page (optional).....▶ 10000.00

TOTAL 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 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
A NEW NATION PAC

A. LUX, DONN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9725 CONWAY RD
 SAIN
 City SAINT LOUIS State MO Zip Code 63124-1668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LUX HOLDING LLC Occupation (for Individual) CHAIRMAN
 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
 02 / 14 / 2024
Transaction ID : A0B36A5C5441A413EA3E
 Amount of Each Receipt this Period
 5000.00
 Memo Item

B. PFAUTCH, ROY, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52 PORTLAND PL
 City SAINT LOUIS State MO Zip Code 63108-1242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CIVIC SERVICE INC. Occupation (for Individual) 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
 02 / 20 / 2024
Transaction ID : AAA8A0A22806E44399CE
 Amount of Each Receipt this Period
 5000.00
 Memo Item

C. RINEY, PAULA, C, MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1156 HIGHLAND POINTE DR
 City SAINT LOUIS State MO Zip Code 63131-1408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) COMMUNITY VOLUNTEER
 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
 02 / 20 / 2024
Transaction ID : AA55A557E247D427FBDA
 Amount of Each Receipt this Period
 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	15000.00
TOTAL 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 11 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
A NEW NATION PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. RINEY, RODGER, O., MR.,

Mailing Address 1156 HIGHLAND POINTE DR

City SAINT LOUIS	State MO	Zip Code 63131-1408
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) T.D. AMERITRADE	Occupation (for Individual) ADVISOR TO 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
02	/	20	/	2024

Transaction ID : A8CAC8F5965BC42BE9EC

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address 740 PARK AVE

City NEW YORK	State NY	Zip Code 10021-4251
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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 ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2024

Transaction ID : A3DBBA235679E4E2C906

Amount of Each Receipt this Period
5000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SCHWARZMAN, STEPHEN, , ,

Mailing Address 345 PARK AVE

City NEW YORK	State NY	Zip Code 10154-0004
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BLACKSTONE	Occupation (for Individual) CEO AND CHAIRMAN
---	---

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
02	/	07	/	2024

Transaction ID : AAE38B4E23CBC4009A08

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	15000.00
TOTAL This Period (last page this line number only).....	75000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 22
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
A NEW NATION PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. CAPITAL ONE FINANCIAL CORP. ASSOC. POLITICAL FUND

Mailing Address 1600 CAPITAL ONE DR

City MC LEAN	State VA	Zip Code 22102-3473
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FEC ID number of contributing federal political committee. **C** C00326595

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2024

Transaction ID : A2A852F1F668D486BAA4

Amount of Each Receipt this Period
5000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. CME GROUP INC. PAC

Mailing Address 20 SOUTH WACKER DRIVE

City CHICAGO	State IL	Zip Code 60606
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FEC ID number of contributing federal political committee. **C** C00076299

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2024

Transaction ID : AE337FB373934421087F

Amount of Each Receipt this Period
5000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. NATIONAL MULTIFAMILY HOUSING COUNCIL (NMHC) PAC

Mailing Address 1775 EYE STREET, NW
SUITE 100

City WASHINGTON	State DC	Zip Code 20006
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00130773

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2024

Transaction ID : A2DD5CF63CE6D45A4B20

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	15000.00
TOTAL 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 13 OF 22
<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)
A NEW NATION PAC

A. THE COUNCIL OF INSURANCE AGENTS & BROKERS PAC

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

Mailing Address 701 PENNSYLVANIA AVENUE, NW
SUITE 750

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00039578

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2024

Transaction ID : A1C41DE2408EB47658E6

Amount of Each Receipt this Period
2500.00

Memo Item

B. USBANCORP INC PAC

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

Mailing Address 216 FRANKLIN ST

City JOHNSTOWN State PA Zip Code 15901-1911

FEC ID number of contributing federal political committee. **C** C00320002

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2024

Transaction ID : AAE653E4C84254C57AE3

Amount of Each Receipt this Period
2500.00

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
A NEW NATION PAC

Form A: ANEDOT. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (CREDIT CARD FEES), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (02/29/2024), FEC Identification Number, Transaction ID (B1D74DB721), and Amount of Each Disbursement (600.90).

Form B: ANEDOT. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (CREDIT CARD FEES), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (03/31/2024), FEC Identification Number, Transaction ID (B337A4D0FB), and Amount of Each Disbursement (200.30).

Form C: ARISTOTLE INTERNATIONAL, INC. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (DATABASE), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (01/29/2024), FEC Identification Number, Transaction ID (BF84DF0E6E), and Amount of Each Disbursement (600.00).

SUBTOTAL of Disbursements This Page (optional) 1401.20
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)
A NEW NATION PAC

Full Name (Last, First, Middle Initial) A. AXCAPITAL, LLC		Date of Disbursement MM / DD / YYYY 01 / 30 / 2024
Mailing Address 800 W 47TH ST STE 200		FEC Identification Number C [REDACTED] Transaction ID : BD0C8540B4
City KANSAS CITY	State MO	Zip Code 64112-1244
Purpose of Disbursement COMPLIANCE CONSULTING		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 400.00
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. AXCAPITAL, LLC		Date of Disbursement MM / DD / YYYY 02 / 19 / 2024
Mailing Address 800 W 47TH ST STE 200		FEC Identification Number C [REDACTED] Transaction ID : BF6ADFF7B2
City KANSAS CITY	State MO	Zip Code 64112-1244
Purpose of Disbursement COMPLIANCE CONSULTING		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 400.00
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. AXCAPITAL, LLC		Date of Disbursement MM / DD / YYYY 03 / 12 / 2024
Mailing Address 800 W 47TH ST STE 200		FEC Identification Number C [REDACTED] Transaction ID : B23B9D292C
City KANSAS CITY	State MO	Zip Code 64112-1244
Purpose of Disbursement COMPLIANCE CONSULTING		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 400.00
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1200.00
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 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)
A NEW NATION PAC

A. MEYER CONSULTING & MANAGEMENT

Full Name (Last, First, Middle Initial)

Mailing Address 1012 BRIARWOOD DRIVE

City OXFORD State MS Zip Code 38655-8398

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 03 / 2024

FEC Identification Number: C

Transaction ID : B05A24FAD6

Amount of Each Disbursement this Period: 1500.00

Memo Item

B. MEYER CONSULTING & MANAGEMENT

Full Name (Last, First, Middle Initial)

Mailing Address 1012 BRIARWOOD DRIVE

City OXFORD State MS Zip Code 38655-8398

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 06 / 2024

FEC Identification Number: C

Transaction ID : B9A1FC8556t

Amount of Each Disbursement this Period: 3000.00

Memo Item

C. MEYER CONSULTING & MANAGEMENT

Full Name (Last, First, Middle Initial)

Mailing Address 1012 BRIARWOOD DRIVE

City OXFORD State MS Zip Code 38655-8398

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 06 / 2024

FEC Identification Number: C

Transaction ID : BD02C67814

Amount of Each Disbursement this Period: 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6000.00

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 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)
A NEW NATION PAC

A. MEYER CONSULTING & MANAGEMENT

Full Name (Last, First, Middle Initial)

Mailing Address 1012 BRIARWOOD DRIVE

City OXFORD State MS Zip Code 38655-8398

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 07 / 2024

FEC Identification Number: C

Transaction ID : BDA3F85154

Amount of Each Disbursement this Period: 1500.00

Memo Item

B. THE ELEVATED GROUP LLC

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 4333

City CARTERSVILLE State GA Zip Code 30120-1723

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 07 / 2024

FEC Identification Number: C

Transaction ID : B9E2ABDDAI

Amount of Each Disbursement this Period: 23044.04

Memo Item

C. THE ELEVATED GROUP LLC

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 4333

City CARTERSVILLE State GA Zip Code 30120-1723

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 21 / 2024

FEC Identification Number: C

Transaction ID : B537D9047D

Amount of Each Disbursement this Period: 8250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 32794.04

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)
A NEW NATION PAC

A. USPS

Full Name (Last, First, Middle Initial)

Mailing Address 15455 MANCHESTER RD

City BALLWIN State MO Zip Code 63011-3025

Purpose of Disbursement PO BOX RENEWAL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 13 / 2024

FEC Identification Number: C

Transaction ID : BC0A47EBD

Amount of Each Disbursement this Period: 400.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 400.00

TOTAL This Period (last page this line number only)..... ▶ 41795.24

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-28c, 22-28b, 23-28c, 26-29, 27-30b

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NAME OF COMMITTEE (In Full)
A NEW NATION PAC

Full Name (Last, First, Middle Initial)

A. BRIAN JACK FOR CONGRESS

Date of Disbursement

Date of Disbursement: 03 / 18 / 2024

Mailing Address 225 MARKET PLACE CONNECTOR NUM 1055

City PEACHTREE CITY State GA Zip Code 30269-3542

FEC Identification Number

C00872473

Purpose of Disbursement POLITICAL CONTRIBUTION

011 Category/Type

Transaction ID : BA89955B1A

Amount of Each Disbursement this Period

5000.00

Candidate Name

JACK, BRIAN, , ,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify)

Memo Item

State: GA District: 03

Full Name (Last, First, Middle Initial)

B. CAPITO FOR WEST VIRGINIA

Date of Disbursement

Date of Disbursement: 03 / 21 / 2024

Mailing Address P.O. BOX 11519

City CHARLESTON State WV Zip Code 25339-1519

FEC Identification Number

C00539825

Purpose of Disbursement POLITICAL CONTRIBUTION

011 Category/Type

Transaction ID : BE968C508DI

Amount of Each Disbursement this Period

5000.00

Candidate Name

CAPITO, SHELLEY, MOORE, ,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify)

Memo Item

State: WV District:

Full Name (Last, First, Middle Initial)

C. ESPOSITO FOR CONGRESS

Date of Disbursement

Date of Disbursement: 03 / 18 / 2024

Mailing Address PO BOX 622

City GOSHEN State NY Zip Code 10924-0622

FEC Identification Number

C00852889

Purpose of Disbursement POLITICAL CONTRIBUTION

011 Category/Type

Transaction ID : B3F1C09FC4

Amount of Each Disbursement this Period

2500.00

Candidate Name

ESPOSITO, ALISON, , ,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify)

Memo Item

State: NY District: 18

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

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

12500.00

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)
A NEW NATION PAC

Full Name (Last, First, Middle Initial)

A. JERRY CARL FOR CONGRESS

Mailing Address PO BOX 852138

City MOBILE State AL Zip Code 36685-2138

Purpose of Disbursement POLITICAL CONTRIBUTION Category/Type

Candidate Name CARL, JERRY LEE,, JR.,

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼
State: AL District: 01

Date of Disbursement
MM / DD / YYYY
02 / 23 / 2024

FEC Identification Number

Transaction ID : BD4CF39C5E
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. JOHN DUARTE FOR CONGRESS

Mailing Address 9460 TEGNER RD

City HILMAR State CA Zip Code 95324-9320

Purpose of Disbursement POLITICAL CONTRIBUTION Category/Type

Candidate Name DUARTE, JOHN, , ,

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼
State: CA District: 13

Date of Disbursement
MM / DD / YYYY
02 / 12 / 2024

FEC Identification Number

Transaction ID : B2F3B9FF6E!
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. MIKE BOST FOR CONGRESS COMMITTEE

Mailing Address PO BOX 1212

City MURPHYSBORO State IL Zip Code 62966-1212

Purpose of Disbursement POLITICAL CONTRIBUTION Category/Type

Candidate Name BOST, MIKE, , ,

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼
State: IL District: 12

Date of Disbursement
MM / DD / YYYY
02 / 29 / 2024

FEC Identification Number

Transaction ID : B968FA8144
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)

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

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NAME OF COMMITTEE (In Full)
A NEW NATION PAC

Full Name (Last, First, Middle Initial)

A. TRUMP SAVE AMERICA JOINT FUNDRAISING COMMITTEE

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219-3570

Purpose of Disbursement POLITICAL CONTRIBUTION

Candidate Name TRUMP SAVE AMERICA JOINT FUNDRAISING COMMITTEE

Office Sought: House, Senate, President; Disbursement For: 2024; Primary, General, Other (specify); ANNUAL

Date of Disbursement

Date of Disbursement form: 02 / 12 / 2024

FEC Identification Number

C00770941

Transaction ID : BBB8577FAC

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. VALADAO FOR CONGRESS

Mailing Address 5132 N PALM AVE 227

City FRESNO State CA Zip Code 93704-2236

Purpose of Disbursement POLITICAL CONTRIBUTION

Candidate Name VALADAO, DAVID, , ,

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

Date of Disbursement

Date of Disbursement form: 02 / 23 / 2024

FEC Identification Number

C00499392

Transaction ID : B40245AA315

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. WOMACK FOR CONGRESS COMMITTEE

Mailing Address PO BOX 508

City ROGERS State AR Zip Code 72757-0508

Purpose of Disbursement POLITICAL CONTRIBUTION

Candidate Name WOMACK, STEPHEN A THE, HON, ,

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

Date of Disbursement

Date of Disbursement form: 02 / 13 / 2024

FEC Identification Number

C00477745

Transaction ID : BC6E0BC17

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 2500.00

Memo Item

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

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

Summary amounts: 10000.00 and 28000.00

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 checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
A NEW NATION PAC

Full Name (Last, First, Middle Initial)

A. FMR LLC PAC - FEDERAL (FIDELITY PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		09		2024

Mailing Address 245 SUMMER ST
V9B

City BOSTON State MA Zip Code 02210-1133

FEC Identification Number

C C00380550

Transaction ID : B23C102D78I

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
CONTRIBUTON REFUND

010

Category/
Type

Candidate Name
FMR LLC PAC - FEDERAL (FIDELITY PAC)

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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

1000.00

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

1000.00