

# 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

FIELD OF DREAMS PAC

ADDRESS (number and street) PO BOX 183

Check if different than previously reported. (ACC) HUDSON WI 54016

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

C C00818542

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 / 2024 through M M / D D / Y Y Y Y Y Y 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 M M / D D / Y Y Y Y Y Y 04 / 14 / 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)

Write or Type Committee Name

FIELD OF DREAMS PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		14545.84
(b) Cash on Hand at Beginning of Reporting Period.....	14545.84	
(c) Total Receipts (from Line 19) .....	14984.34	14984.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	29530.18	29530.18
7. Total Disbursements (from Line 31).....	12750.00	12750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	16780.18	16780.18
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

FIELD OF DREAMS 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).....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	14982.78	14982.78
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).....	1.56	1.56
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)).....▶	14984.34	14984.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	14984.34	14984.34

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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 .....	750.00	750.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	750.00	750.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	12000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	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)) ..	12750.00	12750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12750.00	12750.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	750.00	750.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1.56	1.56
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	748.44	748.44

# 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 11
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FIELD OF DREAMS PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. FINSTAD VICTORY COMMITTEE**

Mailing Address **PO BOX 183**

City <b>HUDSON</b>	State <b>WI</b>	Zip Code <b>54016</b>
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FEC ID number of contributing federal political committee. **C C00818559**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**3533.89**

Date of Receipt  
**01 / 10 / 2024**

**Transaction ID : A6BCFBF83942A41CB895**

Amount of Each Receipt this Period  
**3533.89**

Memo Item  
**TRANSFER FROM AUTHORIZED COMMITTEE**

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

Mailing Address **PO BOX 183**

City <b>HUDSON</b>	State <b>WI</b>	Zip Code <b>54016</b>
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FEC ID number of contributing federal political committee. **C C00818559**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**13581.45**

Date of Receipt  
**03 / 31 / 2024**

**Transaction ID : A2E56B9FDAC2C4E6CA19**

Amount of Each Receipt this Period  
**10047.56**

Memo Item  
**TRANSFER FROM AUTHORIZED COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. HOWARD, GREG, , ,**

Mailing Address **1414 11TH NORTH STREET**

City <b>NEW ULM</b>	State <b>MN</b>	Zip Code <b>56073</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **BUSINESSMAN** Occupation (for Individual) **CHRISTENSEN FARMS**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**.00**

Date of Receipt  
**12 / 31 / 2023**

**Transaction ID : A86E8B1C199414F8C9E6**

Amount of Each Receipt this Period  
**5000.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>13581.45</b>
<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 11
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**FIELD OF DREAMS PAC**

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

Mailing Address **16723 KC RD**

City <b>NEW ULM</b>	State <b>MN</b>	Zip Code <b>56073</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>HOMEMAKER</b>	Occupation (for Individual) <b>HOMEMAKER</b>
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : AE3026399890B429D8FC**

Amount of Each Receipt this Period

Memo Item

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

Mailing Address **5924 INTERLACHEN BOULEVARD**

City <b>EDINA</b>	State <b>MN</b>	Zip Code <b>55436</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>CEO</b>	Occupation (for Individual) <b>SAM NUTRITION</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : AC12C3975377F4CDBA96**

Amount of Each Receipt this Period

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. STEINHAFEL, DIANE, , ,**

Mailing Address **PO BOX 67**

City <b>CRYSTAL BAY</b>	State <b>MN</b>	Zip Code <b>55323</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : A71532B5F08374BDD892**

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="0.00"/>

**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 8 OF 11
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**FIELD OF DREAMS PAC**

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

Mailing Address **PO BOX 67**

City <b>CRYSTAL BAY</b>	State <b>MN</b>	Zip Code <b>55323</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**03 / 25 / 2024**

**Transaction ID : A3ADF16A2D1574251A9C**

Amount of Each Receipt this Period  
**5000.00**

Memo Item

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

Mailing Address **PO BOX 153**

City <b>LITCHFIELD</b>	State <b>MN</b>	Zip Code <b>55355-0153</b>
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FEC ID number of contributing federal political committee. **C** **C00868729**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1401.33**

Date of Receipt  
**03 / 31 / 2024**

**Transaction ID : AFE6A3D6DEC2047F5B81**

Amount of Each Receipt this Period  
**1401.33**

Memo Item  
**TRANSFER FROM AUTHORIZED COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. MINN-DAK FARMERS COOPERATIVE SUGAR PAC (MDSPAC)**

Mailing Address **7525 RED RIVER RD**

City <b>WAHPETON</b>	State <b>ND</b>	Zip Code <b>58075-9705</b>
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FEC ID number of contributing federal political committee. **C** **C00164939**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**1500.00**

Date of Receipt  
**03 / 30 / 2024**

**Transaction ID : A4A1AAB9C1A7F49D78DD**

Amount of Each Receipt this Period  
**1500.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1401.33</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>14982.78</b>



**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)  
**FIELD OF DREAMS PAC**

**A. AXCAPITAL LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 800 W 47TH ST STE 200

City KANSAS CITY State MO Zip Code 64112-1244

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 30 / 2024

FEC Identification Number: C

Transaction ID : BF60AA9747!

Amount of Each Disbursement this Period: 550.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	550.00

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-28c, 22-28b, 26-29, 27-30b with checkboxes.

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NAME OF COMMITTEE (In Full)
FIELD OF DREAMS PAC

Full Name (Last, First, Middle Initial)

A. FISCHBACH FOR CONGRESS

Mailing Address PO BOX 190

City LITCHFIELD State MN Zip Code 55355-0190

Purpose of Disbursement POLITICAL CONTRIBUTION

Candidate Name FISCHBACH, MICHELLE, , ,

Office Sought: [X] House [ ] Senate [ ] President
Disbursement For: 2024
[X] Primary [ ] General [ ] Other (specify)
State: MN District: 07

Date of Disbursement

Date of Disbursement form: MM/DD/YYYY = 03/28/2024

FEC Identification Number

C00717959

Transaction ID : B2160166BAI

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 2000.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

B. IOWANS FOR ZACH NUNN

Mailing Address PO BOX 11

City BONDURANT State IA Zip Code 50035-0011

Purpose of Disbursement POLITICAL CONTRIBUTION

Candidate Name NUNN, ZACH, , ,

Office Sought: [X] House [ ] Senate [ ] President
Disbursement For: 2024
[X] Primary [ ] General [ ] Other (specify)
State: IA District: 03

Date of Disbursement

Date of Disbursement form: MM/DD/YYYY = 03/28/2024

FEC Identification Number

C00784389

Transaction ID : BE67B8FD49I

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 2000.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. JOHN DUARTE FOR CONGRESS

Mailing Address 9460 TEGNER RD

City HILMAR State CA Zip Code 95324-9320

Purpose of Disbursement POLITICAL CONTRIBUTION

Candidate Name DUARTE, JOHN, , ,

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

Date of Disbursement

Date of Disbursement form: MM/DD/YYYY = 03/28/2024

FEC Identification Number

C00808279

Transaction ID : B8518B7CC8

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 2000.00

[ ] Memo Item

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

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

Subtotal form: 6000.00

Total form: 6000.00

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)

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

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NAME OF COMMITTEE (In Full)
FIELD OF DREAMS PAC

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

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

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

SUBTOTAL of Disbursements This Page (optional) 6000.00
TOTAL This Period (last page this line number only) 12000.00