

# 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**  
**BAKER PAC**

ADDRESS (number and street) **PO BOX 101**  
 Check if different than previously reported. (ACC) **BAYPORT NY 11705**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00770297** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period [MM] / [DD] / [YYYY] **01 / 01 / 2024** through [MM] / [DD] / [YYYY] **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 **Lisker, Lisa, , ,**

Signature of Treasurer **Lisker, Lisa, , ,** 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)

Write or Type Committee Name

BAKER PAC

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

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, 2024   |                         | 54573.92                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 54573.92                |                                   |
| (c) Total Receipts (from Line 19) .....  | 26500.00                | 26500.00                          |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 81073.92                | 81073.92                          |
| 7. Total Disbursements (from Line 31).....   | 41182.10                | 41182.10                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 39891.82                | 39891.82                          |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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

BAKER PAC

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

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>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).....  | 26500.00                      | 26500.00                          |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 26500.00                      | 26500.00                          |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶                         | 26500.00                      | 26500.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 26500.00                      | 26500.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 21182.10                      | 21182.10                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 21182.10                      | 21182.10                          |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 20000.00                      | 20000.00                          |
| 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)) ..      | 41182.10                      | 41182.10                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 41182.10                      | 41182.10                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 26500.00                              | 26500.00                                  |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 26500.00                              | 26500.00                                  |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 21182.10                              | 21182.10                                  |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 21182.10                              | 21182.10                                  |

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

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

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

**A. AMERICA'S CREDIT UNIONS PAC OF CREDIT UNION NATIONAL ASSOCIATION, INC.**

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

Mailing Address 99 M ST, SE  
SUITE 300

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00007880

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
03 / 15 / 2024  
**Transaction ID : SA11C.4871**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. AMERICAN PROPERTY CASUALTY INSURANCE ASSOCIATION POLITICAL ACTION COMMITTEE (INSURING AMER**

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

Mailing Address 8700 WEST BRYN MAWR  
SUITE 1200S

City CHICAGO State IL Zip Code 60631

FEC ID number of contributing federal political committee. **C** C00066472

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 29 / 2024  
**Transaction ID : SA11C.4878**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. FLAGSTAR BANK FEDERAL PAC**

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

Mailing Address 5151 CORPORATE DR.

City TROY State MI Zip Code 48098

FEC ID number of contributing federal political committee. **C** C00455733

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
03 / 29 / 2024  
**Transaction ID : SA11C.4885**

Amount of Each Receipt this Period  
5000.00

Memo Item

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 10500.00 |
| <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 13  |
| <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)  
**BAKER PAC**

|   |             |   |
|---|-------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE</b> |             | Date of Receipt   |
| Mailing Address 101 CONSTITUTION AVE. NW<br>SUITE 500 WEST  |             | <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2024"/> |
| City<br>WASHINGTON  | State<br>DC | Zip Code<br>20001   |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/> <input type="text" value="C00096156"/>             |             | <b>Transaction ID : SA11C.4877</b>  |
| Name of Employer (for Individual)   |             | Occupation (for Individual)   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 |             | Amount of Each Receipt this Period<br><input type="text" value="2500.00"/>                            |
| Aggregate Year-to-Date ▼<br><input type="text" value="2500.00"/>  |             | <input type="checkbox"/> Memo Item  |

|  |             |   |
|--|-------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)</b> |             | Date of Receipt   |
| Mailing Address 1401 H STREET NW SUITE 1200  |             | <input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2024"/> |
| City<br>WASHINGTON   | State<br>DC | Zip Code<br>20005   |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/> <input type="text" value="C00105981"/>                            |             | <b>Transaction ID : SA11C.4884</b>  |
| Name of Employer (for Individual)  |             | Occupation (for Individual)   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                |             | Amount of Each Receipt this Period<br><input type="text" value="5000.00"/>                            |
| Aggregate Year-to-Date ▼<br><input type="text" value="5000.00"/>   |             | <input type="checkbox"/> Memo Item  |

|  |             |   |
|--|-------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. MODERN MARKETS INITIATIVE PAC (MMI PAC)</b> |             | Date of Receipt   |
| Mailing Address PO BOX 15441   |             | <input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2024"/> |
| City<br>WASHINGTON   | State<br>DC | Zip Code<br>20003   |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/> <input type="text" value="C00630087"/>  |             | <b>Transaction ID : SA11C.4880</b>  |
| Name of Employer (for Individual)  |             | Occupation (for Individual)   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        |             | Amount of Each Receipt this Period<br><input type="text" value="1000.00"/>                            |
| Aggregate Year-to-Date ▼<br><input type="text" value="1000.00"/>   |             | <input type="checkbox"/> Memo Item  |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="8500.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text" value=""/>        |

**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 13  |
| <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)  
**BAKER PAC**

**A. NATIONAL APARTMENT ASSOCIATION POLITICAL ACTION COMMITTEE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4300 WILSON BLVD  
 SUITE 800  
 City ARLINGTON State VA Zip Code 22203  
 FEC ID number of contributing federal political committee. **C** C00113241  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **03 / 12 / 2024**  
**Transaction ID : SA11C.4869**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3601 VINCENNES ROAD  
 PO BOX 68700  
 City INDIANAPOLIS State IN Zip Code 46268  
 FEC ID number of contributing federal political committee. **C** C00170258  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **03 / 29 / 2024**  
**Transaction ID : SA11C.4882**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. SMALL BUSINESS INVESTOR ALLIANCE PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 14358  
 City WASHINGTON State DC Zip Code 20044  
 FEC ID number of contributing federal political committee. **C** C00109991  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **03 / 26 / 2024**  
**Transaction ID : SA11C.4875**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 7500.00  |
| <b>TOTAL</b> This Period (last page this line number only)..... | 26500.00 |



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

### A. American Express Card Member Services

Mailing Address PO Box 96001

City Los Angeles State CA Zip Code 90096

Purpose of Disbursement

Credit Card Payment: See Memos

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2024

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.4907

Amount of Each Disbursement this Period

[Redacted] 3450.47

Memo Item

Full Name (Last, First, Middle Initial)

### B. New Winbid LLC

Mailing Address 17837 1st Ave. S

City Normandy Park State WA Zip Code 98148

Purpose of Disbursement

Catering

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2024

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.4907.0

Amount of Each Disbursement this Period

[Redacted] 3450.47

Memo Item

Full Name (Last, First, Middle Initial)

### C. American Express Card Member Services

Mailing Address PO Box 96001

City Los Angeles State CA Zip Code 90096

Purpose of Disbursement

Credit Card Payment: See Memos

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2024

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.4908

Amount of Each Disbursement this Period

[Redacted] 668.16

Memo Item

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

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

[Redacted] 4118.63

[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)  
**BAKER PAC**

**A. New Winbid LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 17837 1st Ave. S

City Normandy Park State WA Zip Code 98148

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 26 / 2024

FEC Identification Number  
**C**

**Transaction ID : SB21B.4908.1**

Amount of Each Disbursement this Period  
668.16

Memo Item

**B. Grazie Nonna**

Full Name (Last, First, Middle Initial)

Mailing Address 1100 15th St NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 19 / 2024

FEC Identification Number  
**C**

**Transaction ID : SB21B.4887**

Amount of Each Disbursement this Period  
694.23

Memo Item

**C. Huckaby Davis Lisker**

Full Name (Last, First, Middle Initial)

Mailing Address 228 S. Wahsington St.  
#115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Compliance Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 17 / 2024

FEC Identification Number  
**C**

**Transaction ID : SB21B.4889**

Amount of Each Disbursement this Period  
1115.66

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1809.89

**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)  
**BAKER PAC**

|   |  |  |   |
|---|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. The Stanton Group LLC</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 04 / 2024 |   |
| Mailing Address 3410 Alabama Ave  |  | FEC Identification Number<br>C [ ]                       |   |
| City<br>Alexandria  | State<br>VA  | Zip Code<br>22305  | Transaction ID : <b>SB21B.4895</b>                  |
| Purpose of Disbursement<br>Fundraising Consulting   |  | Category/<br>Type  | Amount of Each Disbursement this Period<br>15050.00 |
| Candidate Name  |  |  | <input type="checkbox"/> Memo Item                  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |
| State: District:  |  |  |   |

|   |  |  |   |
|---|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>  |  | Date of Disbursement<br>MM / DD / YYYY |   |
| Mailing Address   |  | FEC Identification Number<br>C [ ]     |   |
| City  | State  | Zip Code                               | Amount of Each Disbursement this Period |
| Purpose of Disbursement   |  | Category/<br>Type                      | <input type="checkbox"/> Memo Item      |
| Candidate Name  |  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |
| State: District:  |  |  |   |

|   |  |  |   |
|---|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>  |  | Date of Disbursement<br>MM / DD / YYYY |   |
| Mailing Address   |  | FEC Identification Number<br>C [ ]     |   |
| City  | State  | Zip Code                               | Amount of Each Disbursement this Period |
| Purpose of Disbursement   |  | Category/<br>Type                      | <input type="checkbox"/> Memo Item      |
| Candidate Name  |  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |
| State: District:  |  |  |   |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 15050.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 20978.52 |

**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)

**BAKER PAC**

Full Name (Last, First, Middle Initial)

**A. ESPOSITO FOR CONGRESS**

Mailing Address PO BOX 622

City  
GOSHEN

State  
NY

Zip Code  
10924

Purpose of Disbursement

Political Contribution

Candidate Name

ESPOSITO, ALISON, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: NY District: 18

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 7 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

**C** C00852889

**Transaction ID : SB23.4896**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MAZI FOR CONGRESS**

Mailing Address 228 S. WASHINGTON ST.  
STE. 115

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement

Political Contribution

Candidate Name

PILIP, MAZI MELESA, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) Special-General

State: NY District: 03

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 0 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

**C** C00860429

**Transaction ID : SB23.4904**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. TRUMP SAVE AMERICA JOINT FUNDRAISING COMMITTEE**

Mailing Address P.O. BOX 13570

City  
ARLINGTON

State  
VA

Zip Code  
22219

Purpose of Disbursement

Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 8 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

**C** C00770941

**Transaction ID : SB23.4899**

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)..... ▶

15000.00

# 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)

**BAKER PAC**

Full Name (Last, First, Middle Initial)

**A. WILLIAM TIMMONS FOR CONGRESS**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 14    |   | 2024        |

Mailing Address PO BOX 3416

City  
GREENVILLE

State  
SC

Zip Code  
29602

FEC Identification Number

**C** C00668491

**Transaction ID : SB23.4901**

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

Political Contribution

Category/Type

Candidate Name

TIMMONS, WILLIAM R IV, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: SC District: 04

Memo Item

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

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Memo Item

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

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Memo Item

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

5000.00

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

20000.00