

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.

E-PAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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 / / 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 / / through / /

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 HOBBS, CABELL, , ,

Signature of Treasurer HOBBS, CABELL, , , Date / /

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

E-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="2023"/>	<input type="text" value="216592.21"/>	<input type="text" value="216592.21"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="49794.90"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="173504.48"/>	<input type="text" value="394468.54"/>
(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="223299.38"/>	<input type="text" value="611060.75"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="182736.42"/>	<input type="text" value="570497.79"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="40562.96"/>	<input type="text" value="40562.96"/>
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

E-PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	36742.81	53705.81
(ii) Unitemized	7462.33	16008.11
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	44205.14	69713.92
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	71775.00	136275.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	115980.14	205988.92
12. Transfers From Affiliated/Other Party Committees.....	57524.34	188479.62
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)).....▶	173504.48	394468.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	173504.48	394468.54

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	84236.42	182247.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	84236.42	182247.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	98500.00	388000.00
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	250.00
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)) ..	182736.42	570497.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	182736.42	570497.79

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	115980.14	205988.92
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	115980.14	205988.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	84236.42	182247.79
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	84236.42	182247.79

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 402
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
E-PAC

A. COLUCCI, MARLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5211 POLK AVE
 City ALEXANDRIA State VA Zip Code 22304-1911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE BUSINESS COUNCIL Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 05 / 2023
Transaction ID : SA11A.779133
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

B. SHIROFF, REBECCA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8454 PRESTWICK DR.
 City MANLIUS State NY Zip Code 13104-9496
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SHIROFF FOR NY STATE ASSEMBLY Occupation (for Individual) CANDIDATE FOR 127TH ASSEMBLY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 10 / 2023
Transaction ID : SA11A.781710
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

C. VAN DIEST, BENJAMIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 ARBOR DR.
 City GLENS FALLS State NY Zip Code 12801-2253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALION SCIENCE AND TECHNOLOGY Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 11 / 2023
Transaction ID : SA11A.783523
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
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 7 OF 402
	<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)
E-PAC

A. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **PO BOX 9891**
 City **ARLINGTON** State **VA** Zip Code **22219-1891**
 FEC ID number of contributing federal political committee. **C C00694323**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **54048.95**

Date of Receipt **07 / 11 / 2023**
Transaction ID : SA11C.783364
 Amount of Each Receipt this Period **1600.20**
 Memo Item
CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. ALBANESI, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **68 N PARK AVE**
 City **BUFFALO** State **NY** Zip Code **14216-2818**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
RETIRED **RETIRED**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **247.50**

Date of Receipt **07 / 11 / 2023**
Transaction ID : SA11A.783401
 Amount of Each Receipt this Period **2.50**
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

C. ALBANESI, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **68 N PARK AVE**
 City **BUFFALO** State **NY** Zip Code **14216-2818**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
RETIRED **RETIRED**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **247.50**

Date of Receipt **07 / 11 / 2023**
Transaction ID : SA11A.783402
 Amount of Each Receipt this Period **2.50**
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	5.00
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 8 OF 402
(check only one)

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

A. ALBANESI, KAREN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 68 N PARK AVE

City BUFFALO	State NY	Zip Code 14216-2818
-----------------	-------------	------------------------

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 ▼
247.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2023

Transaction ID : SA11A.783403

Amount of Each Receipt this Period
2.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. ALBANESI, KAREN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 68 N PARK AVE

City BUFFALO	State NY	Zip Code 14216-2818
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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 ▼
247.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2023

Transaction ID : SA11A.783404

Amount of Each Receipt this Period
2.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. ALBANESI, KAREN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 68 N PARK AVE

City BUFFALO	State NY	Zip Code 14216-2818
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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 ▼
247.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2023

Transaction ID : SA11A.783414

Amount of Each Receipt this Period
4.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

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

9.00

**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 9 OF 402
	<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)
E-PAC

A. ALBANESI, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 68 N PARK AVE
 City BUFFALO State NY Zip Code 14216-2818
 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 ▼ 247.50

Date of Receipt 07 / 11 / 2023
Transaction ID : SA11A.783429
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. ALBANESI, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 68 N PARK AVE
 City BUFFALO State NY Zip Code 14216-2818
 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 ▼ 247.50

Date of Receipt 07 / 11 / 2023
Transaction ID : SA11A.783435
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. ALBANESI, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 68 N PARK AVE
 City BUFFALO State NY Zip Code 14216-2818
 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 ▼ 247.50

Date of Receipt 07 / 11 / 2023
Transaction ID : SA11A.783453
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶ 45.00
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 10 OF 402
	<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)
E-PAC

A. ALBANESI, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 68 N PARK AVE
 City BUFFALO State NY Zip Code 14216-2818
 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 ▼ 247.50

Date of Receipt 07 / 11 / 2023
Transaction ID : SA11A.783454
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. HILL, VERNON, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 262 E MAIN ST
 City MOORESTOWN State NJ Zip Code 08057-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SITE DEVELOPMENT Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 11 / 2023
Transaction ID : SA11A.783455
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED; SEE REATTRIBUTION

C. HILL, VERNON, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 262 E MAIN ST
 City MOORESTOWN State NJ Zip Code 08057-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SITE DEVELOPMENT Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 31 / 2023
Transaction ID : SA11A.828214B
 Amount of Each Receipt this Period - 1000.00
 Memo Item
 CONTRIBUTION
 REATTRIBUTION TO SPOUSE

SUBTOTAL of Receipts This Page (optional).....	1035.00
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 402
	(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)
E-PAC

A. HILL, SHIRLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 262 E MAIN ST
 City MOORESTOWN State NJ Zip Code 08057-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HILL & COMPANY Occupation (for Individual) ENTREPRENEUR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **08 / 31 / 2023**
Transaction ID : SA11A.828214
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION
 REATTRIBUTION FROM SPOUSE

B. JAHNS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 PEBBLE CREEK DR.
 City EULESS State TX Zip Code 76040-5951
 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 ▼ 4999.50

Date of Receipt **07 / 11 / 2023**
Transaction ID : SA11A.783440
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. JAHNS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 PEBBLE CREEK DR.
 City EULESS State TX Zip Code 76040-5951
 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 ▼ 4999.50

Date of Receipt **09 / 26 / 2023**
Transaction ID : SA11A.857841
 Amount of Each Receipt this Period - 15.00
 Memo Item
 CONTRIBUTION
 2023 AGGREGATE; CHARGED BACK

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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 12 OF 402
	<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2023
Transaction ID : SA11A.783409

Amount of Each Receipt this Period
3.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2023
Transaction ID : SA11A.783417

Amount of Each Receipt this Period
4.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2023
Transaction ID : SA11A.783423

Amount of Each Receipt this Period
5.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	12.50
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 402
	<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)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 07 / 11 / 2023
Transaction ID : SA11A.783433
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. O'DONNELL, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 MORGAN WAY
 City TYNGSBORO State MA Zip Code 01879-2438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TYNGSBORO EYE CARE Occupation (for Individual) OPTOMETRIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 11 / 2023
Transaction ID : SA11A.783446
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 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 ▼ 251.50

Date of Receipt 07 / 11 / 2023
Transaction ID : SA11A.783405
 Amount of Each Receipt this Period 2.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	32.50
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 14 OF 402
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<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)
E-PAC

A. TYER, VINCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 539 GILBERT AVE
 City PEARL RIVER State NY Zip Code 10965-3318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TACONIC BUILDERS INC. Occupation (for Individual) PRESIDENT/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 12 / 2023
Transaction ID : SA11A.783585
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

B. NANCE, PENNY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 N PAYNE STREET
 City ALEXANDRIA State VA Zip Code 22314-1600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 13 / 2023
Transaction ID : SA11A.783616
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 07 / 14 / 2023
Transaction ID : SA11A.787740
 Amount of Each Receipt this Period 7.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1257.00
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 15 OF 402
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
E-PAC

A. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **PO BOX 9891**

City ARLINGTON	State VA	Zip Code 22219-1891
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00694323**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
54048.95

Date of Receipt
07 / 14 / 2023
Transaction ID : SA11C.787694

Amount of Each Receipt this Period
392.50

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. DUERST, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **13512 DOERFLER RD SE**

City SILVERTON	State OR	Zip Code 97381-9212
--------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.00

Date of Receipt
07 / 14 / 2023
Transaction ID : SA11A.787724

Amount of Each Receipt this Period
5.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. DUERST, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **13512 DOERFLER RD SE**

City SILVERTON	State OR	Zip Code 97381-9212
--------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
208.00

Date of Receipt
07 / 14 / 2023
Transaction ID : SA11A.787728

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	15.00
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 16 OF 402
	<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)
E-PAC

A. JAHNS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 PEBBLE CREEK DR.
 City EULESS State TX Zip Code 76040-5951
 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 ▼ 4999.50

Date of Receipt **07 / 14 / 2023**
Transaction ID : SA11A.787738
 Amount of Each Receipt this Period 42.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. JAHNS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 PEBBLE CREEK DR.
 City EULESS State TX Zip Code 76040-5951
 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 ▼ 4999.50

Date of Receipt **09 / 26 / 2023**
Transaction ID : SA11A.857835
 Amount of Each Receipt this Period - 42.00
 Memo Item
 CONTRIBUTION
 2023 AGGREGATE; CHARGED BACK

C. LUBARD, STEPEHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4812 DON JUAN PL
 City WOODLAND HILLS State CA Zip Code 91364-4704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) S-L TECH Occupation (for Individual) ENGINEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 14 / 2023**
Transaction ID : SA11A.787739
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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 17 OF 402
	<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2023

Transaction ID : SA11A.787713

Amount of Each Receipt this Period
3.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2023

Transaction ID : SA11A.787715

Amount of Each Receipt this Period
4.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2023

Transaction ID : SA11A.787718

Amount of Each Receipt this Period
4.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	12.00
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 18 OF 402
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
E-PAC

A. SCHMIDT, GERARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 HUNGRY HILL RD
 City LONG EDDY State NY Zip Code 12760-1459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 14 / 2023
Transaction ID : SA11A.787735
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. WHITE, ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1913 MARTINS COVE COURT
 City ANNAPOLIS State MD Zip Code 21409-5947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 15 / 2023
Transaction ID : SA11A.787751
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. GILMARTIN, STEPHEN, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 66 LT. COX DR.
 City PEARL RIVER State NY Zip Code 10965-1713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MOC Occupation (for Individual) CPA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 16 / 2023
Transaction ID : SA11A.787785
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1275.00
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 19 OF 402
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ANGELSON, ALEXANDER, , ,

Mailing Address **3704 EAGLES NEST CT**

City **EDGEWATER** State **MD** Zip Code **21037-2736**

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

Name of Employer (for Individual) **INFORMATION REQUESTED PER BEST EFFORTS** Occupation (for Individual) **INFORMATION REQUESTED PER BE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **07 / 17 / 2023**

Transaction ID : SA11A.787891

Amount of Each Receipt this Period **250.00**

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. NORTON, JAMES, , ,

Mailing Address **6471 33RD ST**

City **FALLS CHURCH** State **VA** Zip Code **22043-1961**

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

Name of Employer (for Individual) **AXON ENTERPRISE** Occupation (for Individual) **VICE PRESIDENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **07 / 17 / 2023**

Transaction ID : SA11A.787962

Amount of Each Receipt this Period **250.00**

Memo Item
CONTRIBUTION

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

Mailing Address **PO BOX 9891**

City **ARLINGTON** State **VA** Zip Code **22219-1891**

FEC ID number of contributing federal political committee. **C C00694323**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **54048.95**

Date of Receipt **07 / 18 / 2023**

Transaction ID : SA11C.788266

Amount of Each Receipt this Period **73.50**

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional)..... **500.00**

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 20 OF 402
	<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)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JAHNS, RICHARD, , ,

Mailing Address 4101 PEBBLE CREEK DR.

City EULESS	State TX	Zip Code 76040-5951
----------------	-------------	------------------------

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 ▼
4999.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2023

Transaction ID : SA11A.788284

Amount of Each Receipt this Period
15.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JAHNS, RICHARD, , ,

Mailing Address 4101 PEBBLE CREEK DR.

City EULESS	State TX	Zip Code 76040-5951
----------------	-------------	------------------------

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 ▼
4999.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023

Transaction ID : SA11A.857842

Amount of Each Receipt this Period
- 15.00

Memo Item
CONTRIBUTION

2023 AGGREGATE; CHARGED BACK

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2023

Transaction ID : SA11A.788277

Amount of Each Receipt this Period
3.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	3.00
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 21 OF 402
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 07 / 18 / 2023
Transaction ID : SA11A.788278
 Amount of Each Receipt this Period 4.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 07 / 18 / 2023
Transaction ID : SA11A.788279
 Amount of Each Receipt this Period 4.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 54048.95

Date of Receipt 07 / 25 / 2023
Transaction ID : SA11C.790513
 Amount of Each Receipt this Period 386.66
 Memo Item
 CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....▶ 8.50
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 22 OF 402
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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)
E-PAC

A. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 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 ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2023
Transaction ID : SA11A.790578
 Amount of Each Receipt this Period 4.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 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 ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2023
Transaction ID : SA11A.790587
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 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 ▼ 441.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2023
Transaction ID : SA11A.790590
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	14.50
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 23 OF 402
	<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)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. EICHEL, LAURENCE, , ,

Mailing Address **P.O. BOX 600**

City **WELLINGTON** State **CO** Zip Code **80549-0600**

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 ▼ **441.51**

Date of Receipt **07 / 25 / 2023**
Transaction ID : SA11A.790591

Amount of Each Receipt this Period **5.00**

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. JAHNS, RICHARD, , ,

Mailing Address **4101 PEBBLE CREEK DR.**

City **EULESS** State **TX** Zip Code **76040-5951**

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 ▼ **4999.50**

Date of Receipt **07 / 25 / 2023**
Transaction ID : SA11A.790581

Amount of Each Receipt this Period **5.00**

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. JAHNS, RICHARD, , ,

Mailing Address **4101 PEBBLE CREEK DR.**

City **EULESS** State **TX** Zip Code **76040-5951**

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 ▼ **4999.50**

Date of Receipt **09 / 26 / 2023**
Transaction ID : SA11A.857852

Amount of Each Receipt this Period **- 5.00**

Memo Item
CONTRIBUTION

2023 AGGREGATE; CHARGED BACK

SUBTOTAL of Receipts This Page (optional)..... **5.00**

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 24 OF 402
	<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)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JAHNS, RICHARD, , ,

Mailing Address 4101 PEBBLE CREEK DR.

City EULESS	State TX	Zip Code 76040-5951
----------------	-------------	------------------------

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 ▼
4999.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2023

Transaction ID : SA11A.790588

Amount of Each Receipt this Period
5.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JAHNS, RICHARD, , ,

Mailing Address 4101 PEBBLE CREEK DR.

City EULESS	State TX	Zip Code 76040-5951
----------------	-------------	------------------------

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 ▼
4999.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023

Transaction ID : SA11A.857851

Amount of Each Receipt this Period
- 5.00

Memo Item
CONTRIBUTION

2023 AGGREGATE; CHARGED BACK

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JAHNS, RICHARD, , ,

Mailing Address 4101 PEBBLE CREEK DR.

City EULESS	State TX	Zip Code 76040-5951
----------------	-------------	------------------------

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 ▼
4999.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2023

Transaction ID : SA11A.790594

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	10.00
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 25 OF 402
	<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)
E-PAC

A. JAHNS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 PEBBLE CREEK DR.
 City EULESS State TX Zip Code 76040-5951
 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 ▼ 4999.50

Date of Receipt
 09 / 26 / 2023
Transaction ID : SA11A.857846
 Amount of Each Receipt this Period
 - 10.00
 Memo Item
CONTRIBUTION
 2023 AGGREGATE; CHARGED BACK

B. JAHNS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 PEBBLE CREEK DR.
 City EULESS State TX Zip Code 76040-5951
 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 ▼ 4999.50

Date of Receipt
 09 / 26 / 2023
Transaction ID : SA11A.857845
 Amount of Each Receipt this Period
 - 10.00
 Memo Item
CONTRIBUTION
 2023 AGGREGATE; CHARGED BACK

C. JAHNS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 PEBBLE CREEK DR.
 City EULESS State TX Zip Code 76040-5951
 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 ▼ 4999.50

Date of Receipt
 07 / 25 / 2023
Transaction ID : SA11A.790595
 Amount of Each Receipt this Period
 10.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	- 10.00
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 26 OF 402
	<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)
E-PAC

A. JAHNS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 PEBBLE CREEK DR.
 City EULESS State TX Zip Code 76040-5951
 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 ▼ 4999.50

Date of Receipt 09 / 26 / 2023
Transaction ID : SA11A.857843
 Amount of Each Receipt this Period - 15.00
 Memo Item
CONTRIBUTION
 2023 AGGREGATE; CHARGED BACK

B. JAHNS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 PEBBLE CREEK DR.
 City EULESS State TX Zip Code 76040-5951
 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 ▼ 4999.50

Date of Receipt 07 / 25 / 2023
Transaction ID : SA11A.790596
 Amount of Each Receipt this Period 15.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

C. JAHNS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 PEBBLE CREEK DR.
 City EULESS State TX Zip Code 76040-5951
 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 ▼ 4999.50

Date of Receipt 07 / 25 / 2023
Transaction ID : SA11A.790602
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	25.00
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 27 OF 402
	<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	

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)
E-PAC

A. JAHNS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 PEBBLE CREEK DR.
 City EULESS State TX Zip Code 76040-5951
 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 ▼ 4999.50

Date of Receipt 09 / 26 / 2023
Transaction ID : SA11A.857837
 Amount of Each Receipt this Period - 25.00
 Memo Item
 CONTRIBUTION
 2023 AGGREGATE; CHARGED BACK

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 07 / 25 / 2023
Transaction ID : SA11A.790556
 Amount of Each Receipt this Period 2.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 07 / 25 / 2023
Transaction ID : SA11A.790566
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ - 19.50
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 28 OF 402
	<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼
3770.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2023

Transaction ID : SA11A.790568

Amount of Each Receipt this Period
4.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼
3770.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2023

Transaction ID : SA11A.790569

Amount of Each Receipt this Period
4.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼
3770.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2023

Transaction ID : SA11A.790570

Amount of Each Receipt this Period
4.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	12.00
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 29 OF 402
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 07 / 25 / 2023
Transaction ID : SA11A.790572
 Amount of Each Receipt this Period 4.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. MUELLER, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 NASSAU RD
 City POUGHKEEPSIE State NY Zip Code 12601-5640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 25 / 2023
Transaction ID : SA11A.790598
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 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 ▼ 251.50

Date of Receipt 07 / 25 / 2023
Transaction ID : SA11A.790585
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶ 29.00
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 30 OF 402
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
E-PAC

A. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **PO BOX 9891**

City ARLINGTON	State VA	Zip Code 22219-1891
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00694323**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
54048.95

Date of Receipt
08 / 01 / 2023
Transaction ID : SA11C.790605

Amount of Each Receipt this Period
3784.75

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. ALBANESI, KAREN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **68 N PARK AVE**

City BUFFALO	State NY	Zip Code 14216-2818
------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
247.50

Date of Receipt
08 / 01 / 2023
Transaction ID : SA11A.790641

Amount of Each Receipt this Period
1.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. ALBANESI, KAREN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **68 N PARK AVE**

City BUFFALO	State NY	Zip Code 14216-2818
------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
247.50

Date of Receipt
08 / 01 / 2023
Transaction ID : SA11A.790653

Amount of Each Receipt this Period
2.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	3.50
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 31 OF 402
	<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)
E-PAC

A. ALBANESI, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 68 N PARK AVE
 City BUFFALO State NY Zip Code 14216-2818
 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 ▼ 247.50

Date of Receipt 08 / 01 / 2023
Transaction ID : SA11A.790654
 Amount of Each Receipt this Period 2.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. ALBANESI, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 68 N PARK AVE
 City BUFFALO State NY Zip Code 14216-2818
 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 ▼ 247.50

Date of Receipt 08 / 01 / 2023
Transaction ID : SA11A.790655
 Amount of Each Receipt this Period 2.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. ALBANESI, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 68 N PARK AVE
 City BUFFALO State NY Zip Code 14216-2818
 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 ▼ 247.50

Date of Receipt 08 / 01 / 2023
Transaction ID : SA11A.790656
 Amount of Each Receipt this Period 2.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	7.50
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 32 OF 402
	<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)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ALBANESI, KAREN, , ,

Mailing Address 68 N PARK AVE

City BUFFALO State NY Zip Code 14216-2818

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 ▼ 247.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2023

Transaction ID : SA11A.790688

Amount of Each Receipt this Period
 10.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ALBANESI, KAREN, , ,

Mailing Address 68 N PARK AVE

City BUFFALO State NY Zip Code 14216-2818

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 ▼ 247.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2023

Transaction ID : SA11A.790692

Amount of Each Receipt this Period
 25.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ALBANESI, KAREN, , ,

Mailing Address 68 N PARK AVE

City BUFFALO State NY Zip Code 14216-2818

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 ▼ 247.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2023

Transaction ID : SA11A.790693

Amount of Each Receipt this Period
 25.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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 33 OF 402
	<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)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CLARK, RICHARD, K., MR.,

Mailing Address 4171 LORENZO FARM RD

City CAZENOVIA	State NY	Zip Code 13035-9341
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2023

Transaction ID : SA11A.790695

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EICHEL, LAURENCE, , ,

Mailing Address P.O. BOX 600

City WELLINGTON	State CO	Zip Code 80549-0600
--------------------	-------------	------------------------

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 ▼
441.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2023

Transaction ID : SA11A.790685

Amount of Each Receipt this Period
5.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GULLIVER, KAREN, , ,

Mailing Address PO BOX 701

City BLACK DIAMOND	State WA	Zip Code 98010-0701
-----------------------	-------------	------------------------

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 ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2023

Transaction ID : SA11A.790698

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	80.00
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 34 OF 402
	(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

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)
E-PAC

A. KAPLAN, JASON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1735 YORK AVE
 City NEW YORK State NY Zip Code 10128-6855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) POINT72 Occupation (for Individual) MACRO PORTFOLIO MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt 08 / 01 / 2023
Transaction ID : SA11A.790699
 Amount of Each Receipt this Period 3300.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 08 / 01 / 2023
Transaction ID : SA11A.790608
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 08 / 01 / 2023
Transaction ID : SA11A.790616
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	3301.00
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 35 OF 402
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 08 / 01 / 2023
Transaction ID : SA11A.790617
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 08 / 01 / 2023
Transaction ID : SA11A.790618
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 08 / 01 / 2023
Transaction ID : SA11A.790620
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	1.50
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 36 OF 402
	<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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 08 / 01 / 2023
Transaction ID : SA11A.790623
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 08 / 01 / 2023
Transaction ID : SA11A.790626
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. MIRABLE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA11A.790666
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	4.00
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 37 OF 402
	<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2023

Transaction ID : SA11A.790669

Amount of Each Receipt this Period
3.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2023

Transaction ID : SA11A.790670

Amount of Each Receipt this Period
3.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2023

Transaction ID : SA11A.790671

Amount of Each Receipt this Period
3.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	9.00
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 38 OF 402		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA11A.790672
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA11A.790675
 Amount of Each Receipt this Period 4.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. GLACKIN, BRIAN, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 E MONROE AVE
 City ALEXANDRIA State VA Zip Code 22301-1918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE LIVINGSTON GROUP Occupation (for Individual) DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 02 / 2023
Transaction ID : SA11A.797280
 Amount of Each Receipt this Period 2000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	2007.00
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 39 OF 402
	<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)
E-PAC

A. GLADSTONE, LORNA, J., , PH.D
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1161 CREST LN
 City MCLEAN State VA Zip Code 22101-1805
 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
 08 / 02 / 2023
Transaction ID : SA11A.797290
 Amount of Each Receipt this Period
 5000.00
 Memo Item
CONTRIBUTION

B. QUIMBY VENTURES LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1230
 City BRIDGEHAMPTON State NY Zip Code 11932-1230
 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 ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2023
Transaction ID : SA11A.797291
 Amount of Each Receipt this Period
 1000.00
 Memo Item
CONTRIBUTION
 SEE ATTRIBUTION BELOW

C. NESPOLA, RICHARD, PETER, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1230
 City BRIDGEHAMPTON State NY Zip Code 11932-1230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TMNG Occupation (for Individual) PRESIDENT & CEO
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2023
Transaction ID : SA11A.797292
 Amount of Each Receipt this Period
 1000.00
 Memo Item
CONTRIBUTION
 PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	6000.00
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 40 OF 402
	<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)
E-PAC

A. WINRED

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
54048.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2023

Transaction ID : SA11C.798366

Amount of Each Receipt this Period
786.90

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. EICHEL, LAURENCE, , ,

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

Mailing Address P.O. BOX 600

City WELLINGTON	State CO	Zip Code 80549-0600
--------------------	-------------	------------------------

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 ▼
441.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2023

Transaction ID : SA11A.798426

Amount of Each Receipt this Period
4.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. EICHEL, LAURENCE, , ,

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

Mailing Address P.O. BOX 600

City WELLINGTON	State CO	Zip Code 80549-0600
--------------------	-------------	------------------------

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 ▼
441.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2023

Transaction ID : SA11A.798430

Amount of Each Receipt this Period
5.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	9.50
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 41 OF 402
	<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)
E-PAC

A. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 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 ▼ 441.51

Date of Receipt 08 / 08 / 2023
Transaction ID : SA11A.798431
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 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 ▼ 441.51

Date of Receipt 08 / 08 / 2023
Transaction ID : SA11A.798437
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. JAHNS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 PEBBLE CREEK DR.
 City EULESS State TX Zip Code 76040-5951
 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 ▼ 4999.50

Date of Receipt 08 / 08 / 2023
Transaction ID : SA11A.798433
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
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 42 OF 402
	<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)
E-PAC

A. JAHNS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 PEBBLE CREEK DR.
 City EULESS State TX Zip Code 76040-5951
 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 ▼ 4999.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA11A.857853
 Amount of Each Receipt this Period
 - 5.00
 Memo Item
CONTRIBUTION
 2023 AGGREGATE; CHARGED BACK

B. JAHNS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 PEBBLE CREEK DR.
 City EULESS State TX Zip Code 76040-5951
 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 ▼ 4999.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2023
Transaction ID : SA11A.798466
 Amount of Each Receipt this Period
 42.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

C. JAHNS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 PEBBLE CREEK DR.
 City EULESS State TX Zip Code 76040-5951
 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 ▼ 4999.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA11A.857836
 Amount of Each Receipt this Period
 - 42.00
 Memo Item
CONTRIBUTION
 2023 AGGREGATE; CHARGED BACK

SUBTOTAL of Receipts This Page (optional).....	- 5.00
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 43 OF 402
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. KURZET, ANNE, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33762 VALLE RD
 City SAN JUAN CAPISTRAN State CA Zip Code 92675-4816
 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 ▼ 313.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2023
Transaction ID : SA11A.798451
 Amount of Each Receipt this Period
 10.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. KURZET, ANNE, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33762 VALLE RD
 City SAN JUAN CAPISTRAN State CA Zip Code 92675-4816
 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 ▼ 313.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2023
Transaction ID : SA11A.798454
 Amount of Each Receipt this Period
 20.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2023
Transaction ID : SA11A.798368
 Amount of Each Receipt this Period
 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶ 30.50
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 44 OF 402
	<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	

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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 08 / 08 / 2023
Transaction ID : SA11A.798369
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 08 / 08 / 2023
Transaction ID : SA11A.798371
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 08 / 08 / 2023
Transaction ID : SA11A.798384
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	1.50
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 45 OF 402
	<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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 08 / 08 / 2023
Transaction ID : SA11A.798385
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 08 / 08 / 2023
Transaction ID : SA11A.798386
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 08 / 08 / 2023
Transaction ID : SA11A.798391
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	1.50
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 46 OF 402
	<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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 08 / 08 / 2023
Transaction ID : SA11A.798393
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 08 / 08 / 2023
Transaction ID : SA11A.798394
 Amount of Each Receipt this Period 1.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA11A.798410
 Amount of Each Receipt this Period 2.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	3.50
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 47 OF 402
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA11A.798420
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA11A.798421
 Amount of Each Receipt this Period 4.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA11A.798423
 Amount of Each Receipt this Period 4.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	11.50
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 48 OF 402
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA11A.798424
 Amount of Each Receipt this Period 4.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 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 ▼ 251.50

Date of Receipt 08 / 08 / 2023
Transaction ID : SA11A.798427
 Amount of Each Receipt this Period 4.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 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 ▼ 251.50

Date of Receipt 08 / 08 / 2023
Transaction ID : SA11A.798439
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	14.00
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 49 OF 402
	<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)
E-PAC

A. WINRED

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

Mailing Address **PO BOX 9891**

City **ARLINGTON** State **VA** Zip Code **22219-1891**

FEC ID number of contributing federal political committee. **C C00694323**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **54048.95**

Date of Receipt **08 / 15 / 2023**

Transaction ID : SA11C.804829

Amount of Each Receipt this Period **297.40**

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. JAHNS, RICHARD, , ,

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

Mailing Address **4101 PEBBLE CREEK DR.**

City **EULESS** State **TX** Zip Code **76040-5951**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4999.50**

Date of Receipt **08 / 15 / 2023**

Transaction ID : SA11A.804915

Amount of Each Receipt this Period **10.00**

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. JAHNS, RICHARD, , ,

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

Mailing Address **4101 PEBBLE CREEK DR.**

City **EULESS** State **TX** Zip Code **76040-5951**

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **4999.50**

Date of Receipt **09 / 26 / 2023**

Transaction ID : SA11A.857847

Amount of Each Receipt this Period **- 10.00**

Memo Item
CONTRIBUTION

2023 AGGREGATE; CHARGED BACK

SUBTOTAL of Receipts This Page (optional).....	0.00
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 50 OF 402
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
E-PAC

A. JAHNS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 PEBBLE CREEK DR.
 City EULESS State TX Zip Code 76040-5951
 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 ▼ 4999.50

Date of Receipt 08 / 15 / 2023
Transaction ID : SA11A.804918
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. JAHNS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 PEBBLE CREEK DR.
 City EULESS State TX Zip Code 76040-5951
 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 ▼ 4999.50

Date of Receipt 09 / 26 / 2023
Transaction ID : SA11A.857838
 Amount of Each Receipt this Period - 25.00
 Memo Item
 CONTRIBUTION
 2023 AGGREGATE; CHARGED BACK

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 08 / 15 / 2023
Transaction ID : SA11A.804833
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.50
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 51 OF 402
	<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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 08 / 15 / 2023
Transaction ID : SA11A.804836
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 08 / 15 / 2023
Transaction ID : SA11A.804842
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 08 / 15 / 2023
Transaction ID : SA11A.804856
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	1.50
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 52 OF 402
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 08 / 15 / 2023
Transaction ID : SA11A.804859
 Amount of Each Receipt this Period 1.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 08 / 15 / 2023
Transaction ID : SA11A.804860
 Amount of Each Receipt this Period 1.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 08 / 15 / 2023
Transaction ID : SA11A.804861
 Amount of Each Receipt this Period 1.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	3.00
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 53 OF 402
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 08 / 15 / 2023
Transaction ID : SA11A.804862
 Amount of Each Receipt this Period 1.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 08 / 15 / 2023
Transaction ID : SA11A.804864
 Amount of Each Receipt this Period 1.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 08 / 15 / 2023
Transaction ID : SA11A.804865
 Amount of Each Receipt this Period 1.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	3.00
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 54 OF 402
	<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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 08 / 15 / 2023
Transaction ID : SA11A.804869
 Amount of Each Receipt this Period 1.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA11A.804891
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA11A.804892
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 7.00
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 55 OF 402
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼
3770.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2023
Transaction ID : SA11A.804893

Amount of Each Receipt this Period
3.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼
3770.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2023
Transaction ID : SA11A.804895

Amount of Each Receipt this Period
4.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼
3770.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2023
Transaction ID : SA11A.804901

Amount of Each Receipt this Period
5.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶ 12.00

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 56 OF 402
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA11A.804902
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. O'DONNELL, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 MORGAN WAY
 City TYNGSBORO State MA Zip Code 01879-2438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TYNGSBORO EYE CARE Occupation (for Individual) OPTOMETRIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 15 / 2023
Transaction ID : SA11A.804919
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 54048.95

Date of Receipt 08 / 22 / 2023
Transaction ID : SA11C.809768
 Amount of Each Receipt this Period 642.34
 Memo Item
 CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....▶ 30.00
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 57 OF 402
	<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)
E-PAC

A. BRAMLETT, ROBERT, M., MR., JR.

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

Mailing Address 1900 CLOVERLEAF PLACE

City ARDMORE	State OK	Zip Code 73401-3415
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC	Occupation (for Individual) INDEPENDENT INSURANCE AGENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
374.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2023

Transaction ID : SA11A.809824

Amount of Each Receipt this Period
4.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. BRAMLETT, ROBERT, M., MR., JR.

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

Mailing Address 1900 CLOVERLEAF PLACE

City ARDMORE	State OK	Zip Code 73401-3415
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC	Occupation (for Individual) INDEPENDENT INSURANCE AGENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
374.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2023

Transaction ID : SA11A.809825

Amount of Each Receipt this Period
4.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. BRAMLETT, ROBERT, M., MR., JR.

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

Mailing Address 1900 CLOVERLEAF PLACE

City ARDMORE	State OK	Zip Code 73401-3415
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC	Occupation (for Individual) INDEPENDENT INSURANCE AGENT
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
374.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2023

Transaction ID : SA11A.809851

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	19.00
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 58 OF 402
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
E-PAC

A. BRAMLETT, ROBERT, M., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 CLOVERLEAF PLACE
 City ARDMORE State OK Zip Code 73401-3415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 374.00

Date of Receipt 08 / 22 / 2023
Transaction ID : SA11A.809853
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. BRAMLETT, ROBERT, M., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 CLOVERLEAF PLACE
 City ARDMORE State OK Zip Code 73401-3415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 374.00

Date of Receipt 08 / 22 / 2023
Transaction ID : SA11A.809856
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. BRAMLETT, ROBERT, M., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 CLOVERLEAF PLACE
 City ARDMORE State OK Zip Code 73401-3415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 374.00

Date of Receipt 08 / 22 / 2023
Transaction ID : SA11A.809860
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.00
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 59 OF 402
	(check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
E-PAC

A. BRAMLETT, ROBERT, M., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 CLOVERLEAF PLACE
 City ARDMORE State OK Zip Code 73401-3415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 374.00

Date of Receipt 08 / 22 / 2023
Transaction ID : SA11A.809861
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. BRAMLETT, ROBERT, M., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 CLOVERLEAF PLACE
 City ARDMORE State OK Zip Code 73401-3415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 374.00

Date of Receipt 08 / 22 / 2023
Transaction ID : SA11A.809862
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. JAHNS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 PEBBLE CREEK DR.
 City EULESS State TX Zip Code 76040-5951
 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 ▼ 4999.50

Date of Receipt 08 / 22 / 2023
Transaction ID : SA11A.809850
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶ 60.00
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 60 OF 402
	<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	

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)
E-PAC

A. JAHNS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 PEBBLE CREEK DR.
 City EULESS State TX Zip Code 76040-5951
 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 ▼ 4999.50

Date of Receipt **09 / 26 / 2023**
Transaction ID : SA11A.857848
 Amount of Each Receipt this Period - 10.00
 Memo Item
CONTRIBUTION
 2023 AGGREGATE; CHARGED BACK

B. JAHNS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 PEBBLE CREEK DR.
 City EULESS State TX Zip Code 76040-5951
 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 ▼ 4999.50

Date of Receipt **08 / 22 / 2023**
Transaction ID : SA11A.809857
 Amount of Each Receipt this Period 20.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

C. JAHNS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 PEBBLE CREEK DR.
 City EULESS State TX Zip Code 76040-5951
 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 ▼ 4999.50

Date of Receipt **09 / 26 / 2023**
Transaction ID : SA11A.857840
 Amount of Each Receipt this Period - 20.00
 Memo Item
CONTRIBUTION
 2023 AGGREGATE; CHARGED BACK

SUBTOTAL of Receipts This Page (optional).....	- 10.00
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 61 OF 402
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
E-PAC

A. JAHNS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 PEBBLE CREEK DR.
 City EULESS State TX Zip Code 76040-5951
 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 ▼ 4999.50

Date of Receipt 08 / 22 / 2023
Transaction ID : SA11A.809863
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. JAHNS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 PEBBLE CREEK DR.
 City EULESS State TX Zip Code 76040-5951
 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 ▼ 4999.50

Date of Receipt 09 / 26 / 2023
Transaction ID : SA11A.857839
 Amount of Each Receipt this Period - 25.00
 Memo Item
 CONTRIBUTION
 2023 AGGREGATE; CHARGED BACK

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 08 / 22 / 2023
Transaction ID : SA11A.809789
 Amount of Each Receipt this Period 1.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶ 1.00
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 62 OF 402
	<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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 08 / 22 / 2023
Transaction ID : SA11A.809790
 Amount of Each Receipt this Period 1.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LUBARD, STEPEHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4812 DON JUAN PL
 City WOODLAND HILLS State CA Zip Code 91364-4704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) S-L TECH Occupation (for Individual) ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 22 / 2023
Transaction ID : SA11A.809866
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. MIRABLE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA11A.809817
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	104.00
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 63 OF 402
	<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼
3770.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2023

Transaction ID : SA11A.809821

Amount of Each Receipt this Period
4.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼
3770.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2023

Transaction ID : SA11A.809822

Amount of Each Receipt this Period
4.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼
3770.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2023

Transaction ID : SA11A.809826

Amount of Each Receipt this Period
4.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	13.50
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 64 OF 402
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA11A.809827
 Amount of Each Receipt this Period 4.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA11A.809834
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. MUELLER, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 NASSAU RD
 City POUGHKEEPSIE State NY Zip Code 12601-5640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 22 / 2023
Transaction ID : SA11A.809858
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	29.50
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 65 OF 402
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
E-PAC

A. SCHMIDT, GERARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 HUNGRY HILL RD
 City LONG EDDY State NY Zip Code 12760-1459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 22 / 2023
Transaction ID : SA11A.809865
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 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 ▼ 251.50

Date of Receipt 08 / 22 / 2023
Transaction ID : SA11A.809835
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 54048.95

Date of Receipt 08 / 29 / 2023
Transaction ID : SA11C.814100
 Amount of Each Receipt this Period 974.74
 Memo Item
 CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....▶ 30.00
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 66 OF 402
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
E-PAC

A. BRAMLETT, ROBERT, M., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 CLOVERLEAF PLACE
 City ARDMORE State OK Zip Code 73401-3415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 374.00

Date of Receipt 08 / 29 / 2023
Transaction ID : SA11A.814254
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. BRAMLETT, ROBERT, M., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 CLOVERLEAF PLACE
 City ARDMORE State OK Zip Code 73401-3415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 374.00

Date of Receipt 08 / 29 / 2023
Transaction ID : SA11A.814258
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. BRAMLETT, ROBERT, M., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 CLOVERLEAF PLACE
 City ARDMORE State OK Zip Code 73401-3415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 374.00

Date of Receipt 08 / 29 / 2023
Transaction ID : SA11A.814267
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 67 OF 402
	<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)
E-PAC

A. BRAMLETT, ROBERT, M., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 CLOVERLEAF PLACE
 City ARDMORE State OK Zip Code 73401-3415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 374.00

Date of Receipt 08 / 29 / 2023
Transaction ID : SA11A.814268
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 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 441.51

Date of Receipt 08 / 29 / 2023
Transaction ID : SA11A.814227
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. JAHNS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 PEBBLE CREEK DR.
 City EULESS State TX Zip Code 76040-5951
 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 4999.50

Date of Receipt 08 / 29 / 2023
Transaction ID : SA11A.814214
 Amount of Each Receipt this Period 4.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	49.50
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 68 OF 402
	<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)
E-PAC

A. JAHNS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 PEBBLE CREEK DR.
 City EULESS State TX Zip Code 76040-5951
 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 ▼ 4999.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA11A.857854
 Amount of Each Receipt this Period
 - 4.50
 Memo Item
CONTRIBUTION
 2023 AGGREGATE; CHARGED BACK

B. JAHNS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 PEBBLE CREEK DR.
 City EULESS State TX Zip Code 76040-5951
 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 ▼ 4999.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2023
Transaction ID : SA11A.814241
 Amount of Each Receipt this Period
 10.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

C. JAHNS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 PEBBLE CREEK DR.
 City EULESS State TX Zip Code 76040-5951
 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 ▼ 4999.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA11A.857850
 Amount of Each Receipt this Period
 - 10.00
 Memo Item
CONTRIBUTION
 2023 AGGREGATE; CHARGED BACK

SUBTOTAL of Receipts This Page (optional).....	- 4.50
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 69 OF 402
	<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)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JAHNS, RICHARD, , ,

Mailing Address 4101 PEBBLE CREEK DR.

City EULESS	State TX	Zip Code 76040-5951
----------------	-------------	------------------------

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 ▼
4999.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2023

Transaction ID : SA11A.814245

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JAHNS, RICHARD, , ,

Mailing Address 4101 PEBBLE CREEK DR.

City EULESS	State TX	Zip Code 76040-5951
----------------	-------------	------------------------

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 ▼
4999.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023

Transaction ID : SA11A.857849

Amount of Each Receipt this Period
- 10.00

Memo Item
CONTRIBUTION

2023 AGGREGATE; CHARGED BACK

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JAHNS, RICHARD, , ,

Mailing Address 4101 PEBBLE CREEK DR.

City EULESS	State TX	Zip Code 76040-5951
----------------	-------------	------------------------

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 ▼
4999.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2023

Transaction ID : SA11A.814253

Amount of Each Receipt this Period
15.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	15.00
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 70 OF 402
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. JAHNS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 PEBBLE CREEK DR.
 City EULESS State TX Zip Code 76040-5951
 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 ▼ 4999.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA11A.857844
 Amount of Each Receipt this Period
 - 15.00
 Memo Item
CONTRIBUTION
 2023 AGGREGATE; CHARGED BACK

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2023
Transaction ID : SA11A.814134
 Amount of Each Receipt this Period
 0.50
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2023
Transaction ID : SA11A.814152
 Amount of Each Receipt this Period
 1.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

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

- 13.50

**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 71 OF 402
	<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 29 / 2023
Transaction ID : SA11A.814199
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 29 / 2023
Transaction ID : SA11A.814200
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023
Transaction ID : SA11A.814223
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶ 11.00
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 72 OF 402
	<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2023

Transaction ID : SA11A.814224

Amount of Each Receipt this Period
5.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2023

Transaction ID : SA11A.814225

Amount of Each Receipt this Period
5.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2023

Transaction ID : SA11A.814232

Amount of Each Receipt this Period
5.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	15.00
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 73 OF 402
	<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)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023
Transaction ID : SA11A.814256
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 54048.95

Date of Receipt 09 / 05 / 2023
Transaction ID : SA11C.828603
 Amount of Each Receipt this Period 3667.50
 Memo Item
 CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

C. CLARK, RICHARD, K., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4171 LORENZO FARM RD
 City CAZENOVIA State NY Zip Code 13035-9341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 05 / 2023
Transaction ID : SA11A.828769
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	40.00
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 74 OF 402
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. GULLIVER, KAREN, , ,

Mailing Address **PO BOX 701**

City BLACK DIAMOND	State WA	Zip Code 98010-0701
------------------------------	--------------------	-------------------------------

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 ▼
500.00

Date of Receipt
09 / 05 / 2023

Transaction ID : SA11A.828773

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. LOONEYO, GEORGE, , ,

Mailing Address **815 ATLANTA ROAD**

City CUMMING	State GA	Zip Code 30040-2707
------------------------	--------------------	-------------------------------

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 ▼
206.43

Date of Receipt
09 / 05 / 2023

Transaction ID : SA11A.828604

Amount of Each Receipt this Period
0.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. LOONEYO, GEORGE, , ,

Mailing Address **815 ATLANTA ROAD**

City CUMMING	State GA	Zip Code 30040-2707
------------------------	--------------------	-------------------------------

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 ▼
206.43

Date of Receipt
09 / 05 / 2023

Transaction ID : SA11A.828605

Amount of Each Receipt this Period
0.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	51.00
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 75 OF 402
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt
 09 / 05 / 2023
Transaction ID : SA11A.828608
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt
 09 / 05 / 2023
Transaction ID : SA11A.828614
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt
 09 / 05 / 2023
Transaction ID : SA11A.828618
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	1.50
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 76 OF 402
	<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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023
Transaction ID : SA11A.828620
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023
Transaction ID : SA11A.828622
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023
Transaction ID : SA11A.828626
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	1.50
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 77 OF 402
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 09 / 05 / 2023
Transaction ID : SA11A.828627
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 09 / 05 / 2023
Transaction ID : SA11A.828642
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 05 / 2023
Transaction ID : SA11A.828653
 Amount of Each Receipt this Period 1.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	2.00
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 78 OF 402
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 09 / 05 / 2023
Transaction ID : SA11A.828654
 Amount of Each Receipt this Period 1.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 09 / 05 / 2023
Transaction ID : SA11A.828655
 Amount of Each Receipt this Period 1.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 09 / 05 / 2023
Transaction ID : SA11A.828656
 Amount of Each Receipt this Period 1.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	3.00
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 79 OF 402
(check only one)

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

A. MAKOWSKI, BRUCE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1302 N STEPHEN AVE

City CLAWSON	State MI	Zip Code 48017-1279
-----------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
1049.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2023

Transaction ID : SA11A.828661

Amount of Each Receipt this Period
1.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. MAKOWSKI, BRUCE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1302 N STEPHEN AVE

City CLAWSON	State MI	Zip Code 48017-1279
-----------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
1049.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2023

Transaction ID : SA11A.828676

Amount of Each Receipt this Period
2.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. MAKOWSKI, BRUCE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1302 N STEPHEN AVE

City CLAWSON	State MI	Zip Code 48017-1279
-----------------	-------------	------------------------

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 ▼
1049.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2023

Transaction ID : SA11A.828680

Amount of Each Receipt this Period
2.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	5.00
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 80 OF 402
	<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 05 / 2023
Transaction ID : SA11A.828682
 Amount of Each Receipt this Period 2.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 05 / 2023
Transaction ID : SA11A.828683
 Amount of Each Receipt this Period 2.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 05 / 2023
Transaction ID : SA11A.828707
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	7.00
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 81 OF 402
	<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023
Transaction ID : SA11A.828709
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023
Transaction ID : SA11A.828711
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023
Transaction ID : SA11A.828712
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	9.00
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 82 OF 402
	<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 09 / 05 / 2023
Transaction ID : SA11A.828713
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 09 / 05 / 2023
Transaction ID : SA11A.828714
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 09 / 05 / 2023
Transaction ID : SA11A.828715
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	9.00
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 83 OF 402
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 09 / 05 / 2023
Transaction ID : SA11A.828716
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 09 / 05 / 2023
Transaction ID : SA11A.828717
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 09 / 05 / 2023
Transaction ID : SA11A.828747
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶ 16.00
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 84 OF 402
	<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023
Transaction ID : SA11A.828749
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023
Transaction ID : SA11A.828701
 Amount of Each Receipt this Period 2.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. SABBA, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1291
 City YORKTOWN HEIGHTS State NY Zip Code 10598-8291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TAXPRO FINANCIAL NETWORK INC. Occupation (for Individual) TAX PROFESSIONAL
 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
 09 / 05 / 2023
Transaction ID : SA11A.828777
 Amount of Each Receipt this Period 2500.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 2512.50
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 85 OF 402
	<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)
E-PAC

A. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 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 ▼ 251.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023
Transaction ID : SA11A.828755
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. SYNNOTT, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 326 COUNCIL BLUFF PKWY.
 City MURFREESBORO State TN Zip Code 37127-8317
 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 ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023
Transaction ID : SA11A.828688
 Amount of Each Receipt this Period 2.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. SYNNOTT, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 326 COUNCIL BLUFF PKWY.
 City MURFREESBORO State TN Zip Code 37127-8317
 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 ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023
Transaction ID : SA11A.828689
 Amount of Each Receipt this Period 2.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	20.00
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 86 OF 402
	<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)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SYNNOTT, DONNA, , ,

Mailing Address 326 COUNCIL BLUFF PKWY.

City MURFREESBORO	State TN	Zip Code 37127-8317
----------------------	-------------	------------------------

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 ▼
320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023

Transaction ID : SA11A.828690

Amount of Each Receipt this Period
2.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SYNNOTT, DONNA, , ,

Mailing Address 326 COUNCIL BLUFF PKWY.

City MURFREESBORO	State TN	Zip Code 37127-8317
----------------------	-------------	------------------------

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 ▼
320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023

Transaction ID : SA11A.828691

Amount of Each Receipt this Period
2.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SYNNOTT, DONNA, , ,

Mailing Address 326 COUNCIL BLUFF PKWY.

City MURFREESBORO	State TN	Zip Code 37127-8317
----------------------	-------------	------------------------

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 ▼
320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023

Transaction ID : SA11A.828750

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	15.00
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 87 OF 402
	<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)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SYNNOTT, DONNA, , ,

Mailing Address 326 COUNCIL BLUFF PKWY.

City MURFREESBORO	State TN	Zip Code 37127-8317
----------------------	-------------	------------------------

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 ▼
320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023

Transaction ID : SA11A.828753

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SYNNOTT, DONNA, , ,

Mailing Address 326 COUNCIL BLUFF PKWY.

City MURFREESBORO	State TN	Zip Code 37127-8317
----------------------	-------------	------------------------

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 ▼
320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023

Transaction ID : SA11A.828760

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SYNNOTT, DONNA, , ,

Mailing Address 326 COUNCIL BLUFF PKWY.

City MURFREESBORO	State TN	Zip Code 37127-8317
----------------------	-------------	------------------------

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 ▼
320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023

Transaction ID : SA11A.828761

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	50.00
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 88 OF 402
	<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)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SYNNOTT, DONNA, , ,

Mailing Address 326 COUNCIL BLUFF PKWY.

City MURFREESBORO	State TN	Zip Code 37127-8317
----------------------	-------------	------------------------

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 ▼
320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023

Transaction ID : SA11A.828772

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SYNNOTT, DONNA, , ,

Mailing Address 326 COUNCIL BLUFF PKWY.

City MURFREESBORO	State TN	Zip Code 37127-8317
----------------------	-------------	------------------------

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 ▼
320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023

Transaction ID : SA11A.828774

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SYNNOTT, DONNA, , ,

Mailing Address 326 COUNCIL BLUFF PKWY.

City MURFREESBORO	State TN	Zip Code 37127-8317
----------------------	-------------	------------------------

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 ▼
320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023

Transaction ID : SA11A.828775

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	200.00
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 89 OF 402
	<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)
E-PAC

A. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 54048.95

Date of Receipt
 09 / 12 / 2023
Transaction ID : SA11C.836709
 Amount of Each Receipt this Period 946.71
 Memo Item
CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. ALBANESI, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 68 N PARK AVE
 City BUFFALO State NY Zip Code 14216-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 RETIRED RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.50

Date of Receipt
 09 / 12 / 2023
Transaction ID : SA11A.836806
 Amount of Each Receipt this Period 4.50
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

C. BRAMLETT, ROBERT, M., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 CLOVERLEAF PLACE
 City ARDMORE State OK Zip Code 73401-3415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 CROSS POINTE INSURANCE ADVISORS LLC INDEPENDENT INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 374.00

Date of Receipt
 09 / 12 / 2023
Transaction ID : SA11A.836838
 Amount of Each Receipt this Period 15.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	19.50
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 90 OF 402
	<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)
E-PAC

A. BRAMLETT, ROBERT, M., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 CLOVERLEAF PLACE
 City ARDMORE State OK Zip Code 73401-3415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 374.00

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.836840
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 206.43

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.836711
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 206.43

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.836712
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	16.00
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 91 OF 402
 (check only one)

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

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)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. LOONEYO, GEORGE, , ,

Mailing Address **815 ATLANTA ROAD**

City CUMMING	State GA	Zip Code 30040-2707
------------------------	--------------------	-------------------------------

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 ▼
206.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2023

Transaction ID : SA11A.836713

Amount of Each Receipt this Period
0.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. LOONEYO, GEORGE, , ,

Mailing Address **815 ATLANTA ROAD**

City CUMMING	State GA	Zip Code 30040-2707
------------------------	--------------------	-------------------------------

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 ▼
206.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2023

Transaction ID : SA11A.836717

Amount of Each Receipt this Period
0.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. LOONEYO, GEORGE, , ,

Mailing Address **815 ATLANTA ROAD**

City CUMMING	State GA	Zip Code 30040-2707
------------------------	--------------------	-------------------------------

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 ▼
206.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2023

Transaction ID : SA11A.836723

Amount of Each Receipt this Period
0.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	1.50
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 92 OF 402
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.836725
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.836727
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.836737
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	1.50
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 93 OF 402
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.836740
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.836742
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.836743
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	1.50
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 94 OF 402
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.836744
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.836745
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.836746
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	1.50
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 95 OF 402
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. LOONEYO, GEORGE, , ,

Mailing Address **815 ATLANTA ROAD**

City **CUMMING** State **GA** Zip Code **30040-2707**

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 ▼ **206.43**

Date of Receipt
09 / 12 / 2023
Transaction ID : SA11A.836749

Amount of Each Receipt this Period
0.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. LOONEYO, GEORGE, , ,

Mailing Address **815 ATLANTA ROAD**

City **CUMMING** State **GA** Zip Code **30040-2707**

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 ▼ **206.43**

Date of Receipt
09 / 12 / 2023
Transaction ID : SA11A.836750

Amount of Each Receipt this Period
0.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. LOONEYO, GEORGE, , ,

Mailing Address **815 ATLANTA ROAD**

City **CUMMING** State **GA** Zip Code **30040-2707**

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 ▼ **206.43**

Date of Receipt
09 / 12 / 2023
Transaction ID : SA11A.836753

Amount of Each Receipt this Period
0.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ **1.50**

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 96 OF 402
	<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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.836759
 Amount of Each Receipt this Period 1.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.836756
 Amount of Each Receipt this Period 1.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.836757
 Amount of Each Receipt this Period 1.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	3.00
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 97 OF 402
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 09 / 12 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA11A.836758
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 09 / 12 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA11A.836763
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 09 / 12 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA11A.836765
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1049.84	EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	3.00
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 98 OF 402
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2023
Transaction ID : SA11A.836766
 Amount of Each Receipt this Period 1.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2023
Transaction ID : SA11A.836767
 Amount of Each Receipt this Period 1.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2023
Transaction ID : SA11A.836772
 Amount of Each Receipt this Period 1.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	3.00
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 99 OF 402
	<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.836774
 Amount of Each Receipt this Period 1.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.836785
 Amount of Each Receipt this Period 2.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.836786
 Amount of Each Receipt this Period 2.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	5.50
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 100 OF 402
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.836797
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.836798
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.836824
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	11.00
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 101 OF 402
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼
3770.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2023
Transaction ID : SA11A.836800

Amount of Each Receipt this Period
3.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼
3770.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2023
Transaction ID : SA11A.836807

Amount of Each Receipt this Period
4.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MUELLER, JOSEPH, , ,

Mailing Address 42 NASSAU RD

City POUGHKEEPSIE State NY Zip Code 12601-5640

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2023
Transaction ID : SA11A.836853

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶ 32.50

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 102 OF 402
	<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)
E-PAC

A. O'DONNELL, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 MORGAN WAY
 City TYNGSBORO State MA Zip Code 01879-2438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TYNGSBORO EYE CARE Occupation (for Individual) OPTOMETRIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.836851
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

B. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 54048.95

Date of Receipt 09 / 19 / 2023
Transaction ID : SA11C.845484
 Amount of Each Receipt this Period 1179.53
 Memo Item
CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

C. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 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 ▼ 441.51

Date of Receipt 09 / 19 / 2023
Transaction ID : SA11A.845566
 Amount of Each Receipt this Period 5.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 103 OF 402
(check only one)

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

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NAME OF COMMITTEE (In Full)
E-PAC

A. LOONEYO, GEORGE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 815 ATLANTA ROAD

City CUMMING	State GA	Zip Code 30040-2707
-----------------	-------------	------------------------

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 ▼
206.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2023

Transaction ID : SA11A.845485

Amount of Each Receipt this Period
 0.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 815 ATLANTA ROAD

City CUMMING	State GA	Zip Code 30040-2707
-----------------	-------------	------------------------

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 ▼
206.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2023

Transaction ID : SA11A.845486

Amount of Each Receipt this Period
 0.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 815 ATLANTA ROAD

City CUMMING	State GA	Zip Code 30040-2707
-----------------	-------------	------------------------

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 ▼
206.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2023

Transaction ID : SA11A.845488

Amount of Each Receipt this Period
 0.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	1.50
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 104 OF 402
<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	

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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 09 / 19 / 2023
Transaction ID : SA11A.845493
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 09 / 19 / 2023
Transaction ID : SA11A.845498
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 09 / 19 / 2023
Transaction ID : SA11A.845499
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	1.50
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 105 OF 402
	<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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 09 / 19 / 2023
Transaction ID : SA11A.845503
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 09 / 19 / 2023
Transaction ID : SA11A.845504
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 09 / 19 / 2023
Transaction ID : SA11A.845514
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	1.50
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 106 OF 402
(check only one)

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

A. LOONEYO, GEORGE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 815 ATLANTA ROAD

City CUMMING	State GA	Zip Code 30040-2707
-----------------	-------------	------------------------

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 ▼
206.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2023

Transaction ID : SA11A.845531

Amount of Each Receipt this Period

206.43

 Memo Item
CONTRIBUTION
EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 815 ATLANTA ROAD

City CUMMING	State GA	Zip Code 30040-2707
-----------------	-------------	------------------------

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 ▼
206.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2023

Transaction ID : SA11A.845544

Amount of Each Receipt this Period

206.43

 Memo Item
CONTRIBUTION
EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 815 ATLANTA ROAD

City CUMMING	State GA	Zip Code 30040-2707
-----------------	-------------	------------------------

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 ▼
206.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2023

Transaction ID : SA11A.845545

Amount of Each Receipt this Period

206.43

 Memo Item
CONTRIBUTION
EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	5.00
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 107 OF 402
	<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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 09 / 19 / 2023
Transaction ID : SA11A.845546
 Amount of Each Receipt this Period 2.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 09 / 19 / 2023
Transaction ID : SA11A.845581
 Amount of Each Receipt this Period 9.90
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 09 / 19 / 2023
Transaction ID : SA11A.845612
 Amount of Each Receipt this Period 38.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	49.90
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 108 OF 402
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
E-PAC

A. LUBARD, STEPEHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4812 DON JUAN PL
 City WOODLAND HILLS State CA Zip Code 91364-4704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) S-L TECH Occupation (for Individual) ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 19 / 2023
Transaction ID : SA11A.845615
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 19 / 2023
Transaction ID : SA11A.845522
 Amount of Each Receipt this Period 1.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 19 / 2023
Transaction ID : SA11A.845533
 Amount of Each Receipt this Period 1.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	102.00
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 109 OF 402
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 19 / 2023
Transaction ID : SA11A.845547
 Amount of Each Receipt this Period 2.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 19 / 2023
Transaction ID : SA11A.845548
 Amount of Each Receipt this Period 2.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 19 / 2023
Transaction ID : SA11A.845564
 Amount of Each Receipt this Period 4.95
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

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

8.95

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 110 OF 402
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 19 / 2023
Transaction ID : SA11A.845579
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. MUELLER, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 NASSAU RD
 City POUGHKEEPSIE State NY Zip Code 12601-5640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 19 / 2023
Transaction ID : SA11A.845601
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. SCHMIDT, GERARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 HUNGRY HILL RD
 City LONG EDDY State NY Zip Code 12760-1459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 19 / 2023
Transaction ID : SA11A.845606
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.00
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 111 OF 402
	<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)
E-PAC

A. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 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 ▼ 251.50

Date of Receipt 09 / 19 / 2023
Transaction ID : SA11A.845560
 Amount of Each Receipt this Period 4.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 54048.95

Date of Receipt 09 / 26 / 2023
Transaction ID : SA11C.857627
 Amount of Each Receipt this Period 1531.83
 Memo Item
 CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

C. ALBANESI, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 68 N PARK AVE
 City BUFFALO State NY Zip Code 14216-2818
 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 ▼ 247.50

Date of Receipt 09 / 26 / 2023
Transaction ID : SA11A.857774
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	7.50
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 112 OF 402
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BRAMLETT, ROBERT, M., MR., JR.

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

Mailing Address 1900 CLOVERLEAF PLACE

City ARDMORE	State OK	Zip Code 73401-3415
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC	Occupation (for Individual) INDEPENDENT INSURANCE AGENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
374.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2023

Transaction ID : SA11A.857759

Amount of Each Receipt this Period
2.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. BRAMLETT, ROBERT, M., MR., JR.

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

Mailing Address 1900 CLOVERLEAF PLACE

City ARDMORE	State OK	Zip Code 73401-3415
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC	Occupation (for Individual) INDEPENDENT INSURANCE AGENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
374.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2023

Transaction ID : SA11A.857761

Amount of Each Receipt this Period
2.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. BRAMLETT, ROBERT, M., MR., JR.

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

Mailing Address 1900 CLOVERLEAF PLACE

City ARDMORE	State OK	Zip Code 73401-3415
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC	Occupation (for Individual) INDEPENDENT INSURANCE AGENT
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
374.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2023

Transaction ID : SA11A.857777

Amount of Each Receipt this Period
4.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	9.00
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 113 OF 402
	<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)
E-PAC

A. BRAMLETT, ROBERT, M., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 CLOVERLEAF PLACE
 City ARDMORE State OK Zip Code 73401-3415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 374.00

Date of Receipt 09 / 26 / 2023
Transaction ID : SA11A.857797
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. BRAMLETT, ROBERT, M., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 CLOVERLEAF PLACE
 City ARDMORE State OK Zip Code 73401-3415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 374.00

Date of Receipt 09 / 26 / 2023
Transaction ID : SA11A.857799
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. BRAMLETT, ROBERT, M., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 CLOVERLEAF PLACE
 City ARDMORE State OK Zip Code 73401-3415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 374.00

Date of Receipt 09 / 26 / 2023
Transaction ID : SA11A.857800
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
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 114 OF 402
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
E-PAC

A. BRAMLETT, ROBERT, M., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 CLOVERLEAF PLACE
 City ARDMORE State OK Zip Code 73401-3415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 374.00

Date of Receipt 09 / 26 / 2023
Transaction ID : SA11A.857817
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. BRAMLETT, ROBERT, M., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 CLOVERLEAF PLACE
 City ARDMORE State OK Zip Code 73401-3415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 374.00

Date of Receipt 09 / 26 / 2023
Transaction ID : SA11A.857818
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. BRAMLETT, ROBERT, M., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 CLOVERLEAF PLACE
 City ARDMORE State OK Zip Code 73401-3415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 374.00

Date of Receipt 09 / 26 / 2023
Transaction ID : SA11A.857822
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶ 30.00
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 115 OF 402
	<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)
E-PAC

A. BRAMLETT, ROBERT, M., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 CLOVERLEAF PLACE
 City ARDMORE State OK Zip Code 73401-3415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 374.00

Date of Receipt 09 / 26 / 2023
Transaction ID : SA11A.857823
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. BRAMLETT, ROBERT, M., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 CLOVERLEAF PLACE
 City ARDMORE State OK Zip Code 73401-3415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 374.00

Date of Receipt 09 / 26 / 2023
Transaction ID : SA11A.857824
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. BRAMLETT, ROBERT, M., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 CLOVERLEAF PLACE
 City ARDMORE State OK Zip Code 73401-3415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 374.00

Date of Receipt 09 / 26 / 2023
Transaction ID : SA11A.857825
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 116 OF 402
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
E-PAC

A. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 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 ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA11A.857780
 Amount of Each Receipt this Period 4.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 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 ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA11A.857783
 Amount of Each Receipt this Period 4.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. HILL, VERNON, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 262 E MAIN ST
 City MOORESTOWN State NJ Zip Code 08057-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SITE DEVELOPMENT Occupation (for Individual) EXECUTIVE
 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
 09 / 26 / 2023
Transaction ID : SA11A.857833
 Amount of Each Receipt this Period 750.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED; SEE REATTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 759.00
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 117 OF 402
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. HILL, SHIRLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 262 E MAIN ST
 City MOORESTOWN State NJ Zip Code 08057-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HILL & COMPANY Occupation (for Individual) ENTREPRENEUR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 27 / 2023
Transaction ID : SA11A.870766
 Amount of Each Receipt this Period 750.00
 Memo Item
 CONTRIBUTION
 REATTRIBUTION FROM SPOUSE

B. HILL, VERNON, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 262 E MAIN ST
 City MOORESTOWN State NJ Zip Code 08057-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SITE DEVELOPMENT Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 27 / 2023
Transaction ID : SA11A.870766B
 Amount of Each Receipt this Period - 750.00
 Memo Item
 CONTRIBUTION
 REATTRIBUTION TO SPOUSE

C. KURZET, ANNE, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33762 VALLE RD
 City SAN JUAN CAPISTRAN State CA Zip Code 92675-4816
 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 ▼ 313.20

Date of Receipt 09 / 26 / 2023
Transaction ID : SA11A.857831
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶ 50.00
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 118 OF 402
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA11A.857628
 Amount of Each Receipt this Period
 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA11A.857629
 Amount of Each Receipt this Period
 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA11A.857631
 Amount of Each Receipt this Period
 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	1.50
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 119 OF 402
(check only one)

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

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NAME OF COMMITTEE (In Full)
E-PAC

A. LOONEYO, GEORGE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 815 ATLANTA ROAD

City CUMMING	State GA	Zip Code 30040-2707
-----------------	-------------	------------------------

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 ▼
206.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2023

Transaction ID : SA11A.857632

Amount of Each Receipt this Period
0.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 815 ATLANTA ROAD

City CUMMING	State GA	Zip Code 30040-2707
-----------------	-------------	------------------------

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 ▼
206.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2023

Transaction ID : SA11A.857633

Amount of Each Receipt this Period
0.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 815 ATLANTA ROAD

City CUMMING	State GA	Zip Code 30040-2707
-----------------	-------------	------------------------

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 ▼
206.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2023

Transaction ID : SA11A.857634

Amount of Each Receipt this Period
0.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	1.50
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 120 OF 402
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt
 09 / 26 / 2023
Transaction ID : SA11A.857635
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt
 09 / 26 / 2023
Transaction ID : SA11A.857636
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt
 09 / 26 / 2023
Transaction ID : SA11A.857637
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	1.50
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 121 OF 402
	<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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA11A.857638
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA11A.857639
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA11A.857640
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	1.50
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 122 OF 402
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA11A.857641
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA11A.857642
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA11A.857643
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

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

1.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 123 OF 402
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. LOONEYO, GEORGE, , ,

Mailing Address **815 ATLANTA ROAD**

City **CUMMING** State **GA** Zip Code **30040-2707**

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 ▼ **206.43**

Date of Receipt
09 / 26 / 2023

Transaction ID : SA11A.857644

Amount of Each Receipt this Period
0.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. LOONEYO, GEORGE, , ,

Mailing Address **815 ATLANTA ROAD**

City **CUMMING** State **GA** Zip Code **30040-2707**

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 ▼ **206.43**

Date of Receipt
09 / 26 / 2023

Transaction ID : SA11A.857645

Amount of Each Receipt this Period
0.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. LOONEYO, GEORGE, , ,

Mailing Address **815 ATLANTA ROAD**

City **CUMMING** State **GA** Zip Code **30040-2707**

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 ▼ **206.43**

Date of Receipt
09 / 26 / 2023

Transaction ID : SA11A.857646

Amount of Each Receipt this Period
0.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶ **1.50**

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 124 OF 402
	<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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA11A.857647
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA11A.857648
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA11A.857649
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	1.50
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 125 OF 402
 (check only one)

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

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NAME OF COMMITTEE (In Full)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 815 ATLANTA ROAD

City CUMMING	State GA	Zip Code 30040-2707
-----------------	-------------	------------------------

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 ▼
206.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023

Transaction ID : SA11A.857654

Amount of Each Receipt this Period
0.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 815 ATLANTA ROAD

City CUMMING	State GA	Zip Code 30040-2707
-----------------	-------------	------------------------

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 ▼
206.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023

Transaction ID : SA11A.857662

Amount of Each Receipt this Period
0.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 815 ATLANTA ROAD

City CUMMING	State GA	Zip Code 30040-2707
-----------------	-------------	------------------------

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 ▼
206.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023

Transaction ID : SA11A.857666

Amount of Each Receipt this Period
0.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	1.50
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 126 OF 402
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 09 / 26 / 2023
Transaction ID : SA11A.857667
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 09 / 26 / 2023
Transaction ID : SA11A.857669
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 09 / 26 / 2023
Transaction ID : SA11A.857671
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶ 1.50
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 127 OF 402
	<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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 09 / 26 / 2023
Transaction ID : SA11A.857672
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 09 / 26 / 2023
Transaction ID : SA11A.857679
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 09 / 26 / 2023
Transaction ID : SA11A.857681
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	1.50
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 128 OF 402
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. LOONEYO, GEORGE, , ,

Mailing Address **815 ATLANTA ROAD**

City **CUMMING** State **GA** Zip Code **30040-2707**

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 ▼ **206.43**

Date of Receipt
09 / 26 / 2023
Transaction ID : SA11A.857682

Amount of Each Receipt this Period
0.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. LOONEYO, GEORGE, , ,

Mailing Address **815 ATLANTA ROAD**

City **CUMMING** State **GA** Zip Code **30040-2707**

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 ▼ **206.43**

Date of Receipt
09 / 26 / 2023
Transaction ID : SA11A.857685

Amount of Each Receipt this Period
0.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. LOONEYO, GEORGE, , ,

Mailing Address **815 ATLANTA ROAD**

City **CUMMING** State **GA** Zip Code **30040-2707**

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 ▼ **206.43**

Date of Receipt
09 / 26 / 2023
Transaction ID : SA11A.857687

Amount of Each Receipt this Period
0.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶ **1.50**

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 129 OF 402
	<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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 09 / 26 / 2023
Transaction ID : SA11A.857695
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 09 / 26 / 2023
Transaction ID : SA11A.857696
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 09 / 26 / 2023
Transaction ID : SA11A.857698
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	1.50
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 130 OF 402
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt
 09 / 26 / 2023
Transaction ID : SA11A.857704
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt
 09 / 26 / 2023
Transaction ID : SA11A.857707
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 09 / 26 / 2023
Transaction ID : SA11A.857721
 Amount of Each Receipt this Period 1.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	2.00
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 131 OF 402
	<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)
E-PAC

A. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **PO BOX 9891**

City ARLINGTON	State VA	Zip Code 22219-1891
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C** **C00694323**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
54048.95

Date of Receipt
10 / 02 / 2023
Transaction ID : SA11C.877329

Amount of Each Receipt this Period
384.18

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. CLARK, RICHARD, K., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **4171 LORENZO FARM RD**

City CAZENOVIA	State NY	Zip Code 13035-9341
--------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 02 / 2023
Transaction ID : SA11A.877443

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. DUERST, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **13512 DOERFLER RD SE**

City SILVERTON	State OR	Zip Code 97381-9212
--------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
208.00

Date of Receipt
10 / 02 / 2023
Transaction ID : SA11A.877425

Amount of Each Receipt this Period
4.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	29.50
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 132 OF 402
	<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)
E-PAC

A. GULLIVER, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 701
 City BLACK DIAMOND State WA Zip Code 98010-0701
 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 ▼ 500.00

Date of Receipt 10 / 02 / 2023
Transaction ID : SA11A.877445
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 10 / 02 / 2023
Transaction ID : SA11A.877342
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 10 / 02 / 2023
Transaction ID : SA11A.877345
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	51.00
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 133 OF 402
	<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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 10 / 02 / 2023
Transaction ID : SA11A.877346
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 10 / 02 / 2023
Transaction ID : SA11A.877347
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 10 / 02 / 2023
Transaction ID : SA11A.877361
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	1.50
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 134 OF 402
	<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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 10 / 02 / 2023
Transaction ID : SA11A.877362
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 10 / 02 / 2023
Transaction ID : SA11A.877378
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 10 / 02 / 2023
Transaction ID : SA11A.877379
 Amount of Each Receipt this Period 0.99
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶ 1.99
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 135 OF 402
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MAKOWSKI, BRUCE, , ,

Mailing Address 1302 N STEPHEN AVE

City CLAWSON State MI Zip Code 48017-1279

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 ▼
1049.84

Date of Receipt
10 / 02 / 2023
Transaction ID : SA11A.877418

Amount of Each Receipt this Period
3.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MAKOWSKI, BRUCE, , ,

Mailing Address 1302 N STEPHEN AVE

City CLAWSON State MI Zip Code 48017-1279

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 ▼
1049.84

Date of Receipt
10 / 02 / 2023
Transaction ID : SA11A.877435

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
54048.95

Date of Receipt
10 / 10 / 2023
Transaction ID : SA11C.880803

Amount of Each Receipt this Period
9300.48

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....▶ 13.00

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 136 OF 402
	<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)
E-PAC

A. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 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 ▼ 208.00

Date of Receipt 10 / 10 / 2023
Transaction ID : SA11A.880891
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. FISHER, CYNTHIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 CHILEAN AVE
 City PALM BEACH State FL Zip Code 33480-4437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PATIENTRIGHTSADVOCATE.ORG Occupation (for Individual) FOUNDER AND CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 10 / 2023
Transaction ID : SA11A.880910
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. KURZET, ANNE, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33762 VALLE RD
 City SAN JUAN CAPISTRAN State CA Zip Code 92675-4816
 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 ▼ 313.20

Date of Receipt 10 / 10 / 2023
Transaction ID : SA11A.880896
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	5035.00
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 137 OF 402
	<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)
E-PAC

A. KURZET, ANNE, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33762 VALLE RD
 City SAN JUAN CAPISTRAN State CA Zip Code 92675-4816
 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 ▼ 313.20

Date of Receipt 10 / 10 / 2023
Transaction ID : SA11A.880906
 Amount of Each Receipt this Period 104.10
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. KURZET, ANNE, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33762 VALLE RD
 City SAN JUAN CAPISTRAN State CA Zip Code 92675-4816
 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 ▼ 313.20

Date of Receipt 10 / 10 / 2023
Transaction ID : SA11A.880907
 Amount of Each Receipt this Period 104.10
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LEADBEATER, PHILIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24804 ROLLING OAK RD
 City SORRENTO State FL Zip Code 32776-8792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BELL CHEM CORP Occupation (for Individual) SALES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 10 / 2023
Transaction ID : SA11A.880908
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	458.20
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 138 OF 402
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
E-PAC

A. LOONEYO, GEORGE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 815 ATLANTA ROAD

City CUMMING	State GA	Zip Code 30040-2707
-----------------	-------------	------------------------

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 ▼
206.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2023

Transaction ID : SA11A.880804

Amount of Each Receipt this Period
0.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 815 ATLANTA ROAD

City CUMMING	State GA	Zip Code 30040-2707
-----------------	-------------	------------------------

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 ▼
206.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2023

Transaction ID : SA11A.880809

Amount of Each Receipt this Period
0.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 815 ATLANTA ROAD

City CUMMING	State GA	Zip Code 30040-2707
-----------------	-------------	------------------------

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 ▼
206.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2023

Transaction ID : SA11A.880810

Amount of Each Receipt this Period
0.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	1.50
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 139 OF 402
	<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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 10 / 10 / 2023
Transaction ID : SA11A.880814
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 10 / 10 / 2023
Transaction ID : SA11A.880815
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 10 / 10 / 2023
Transaction ID : SA11A.880816
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	1.50
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 140 OF 402
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 10 / 10 / 2023
Transaction ID : SA11A.880817
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 10 / 10 / 2023
Transaction ID : SA11A.880827
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 10 / 10 / 2023
Transaction ID : SA11A.880828
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶ 1.50
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 141 OF 402
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1302 N STEPHEN AVE

City CLAWSON	State MI	Zip Code 48017-1279
-----------------	-------------	------------------------

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 ▼
1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2023

Transaction ID : SA11A.880840

Amount of Each Receipt this Period
1.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. MAKOWSKI, BRUCE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1302 N STEPHEN AVE

City CLAWSON	State MI	Zip Code 48017-1279
-----------------	-------------	------------------------

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 ▼
1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2023

Transaction ID : SA11A.880845

Amount of Each Receipt this Period
1.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. MAKOWSKI, BRUCE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1302 N STEPHEN AVE

City CLAWSON	State MI	Zip Code 48017-1279
-----------------	-------------	------------------------

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 ▼
1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2023

Transaction ID : SA11A.880846

Amount of Each Receipt this Period
1.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	3.00
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 142 OF 402
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 10 / 10 / 2023
Transaction ID : SA11A.880889
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. MUELLER, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 NASSAU RD
 City POUGHKEEPSIE State NY Zip Code 12601-5640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 10 / 2023
Transaction ID : SA11A.880898
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. MULROY, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 717 MARBLE WAY
 City BOCA RATON State FL Zip Code 33432-3006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) T-REX CAPITAL GROUP LLC Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt 10 / 10 / 2023
Transaction ID : SA11A.880909
 Amount of Each Receipt this Period 3300.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	3330.00
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 143 OF 402
	<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)
E-PAC

A. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 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 ▼ 251.50

Date of Receipt 10 / 10 / 2023
Transaction ID : SA11A.880886
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. SYNNOTT, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 326 COUNCIL BLUFF PKWY.
 City MURFREESBORO State TN Zip Code 37127-8317
 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 ▼ 320.00

Date of Receipt 10 / 10 / 2023
Transaction ID : SA11A.880905
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 54048.95

Date of Receipt 10 / 17 / 2023
Transaction ID : SA11C.883151
 Amount of Each Receipt this Period 1354.50
 Memo Item
 CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....▶	55.00
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 144 OF 402
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
E-PAC

A. HILL, SHIRLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 262 E MAIN ST
 City MOORESTOWN State NJ Zip Code 08057-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HILL & COMPANY Occupation (for Individual) ENTREPRENEUR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 17 / 2023
Transaction ID : SA11A.943080
 Amount of Each Receipt this Period 750.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 10 / 17 / 2023
Transaction ID : SA11A.883153
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 10 / 17 / 2023
Transaction ID : SA11A.883162
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 751.00
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 145 OF 402
	<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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 10 / 17 / 2023
Transaction ID : SA11A.883170
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 10 / 17 / 2023
Transaction ID : SA11A.883171
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 10 / 17 / 2023
Transaction ID : SA11A.883180
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	1.50
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 146 OF 402
	<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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 10 / 17 / 2023
Transaction ID : SA11A.883183
 Amount of Each Receipt this Period 1.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 10 / 17 / 2023
Transaction ID : SA11A.883189
 Amount of Each Receipt this Period 1.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LUBARD, STEPEHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4812 DON JUAN PL
 City WOODLAND HILLS State CA Zip Code 91364-4704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) S-L TECH Occupation (for Individual) ENGINEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2023
Transaction ID : SA11A.883242
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	102.00
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 147 OF 402
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 10 / 17 / 2023
Transaction ID : SA11A.883188
 Amount of Each Receipt this Period 1.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 10 / 17 / 2023
Transaction ID : SA11A.883190
 Amount of Each Receipt this Period 1.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 10 / 17 / 2023
Transaction ID : SA11A.883209
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

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

5.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 148 OF 402
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 10 / 17 / 2023
Transaction ID : SA11A.883222
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. SCHMIDT, GERARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 HUNGRY HILL RD
 City LONG EDDY State NY Zip Code 12760-1459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2023
Transaction ID : SA11A.883237
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 54048.95

Date of Receipt 10 / 24 / 2023
Transaction ID : SA11C.902126
 Amount of Each Receipt this Period 223.89
 Memo Item
 CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....▶ 30.00
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 149 OF 402
	<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)
E-PAC

A. ALBANESI, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 68 N PARK AVE
 City BUFFALO State NY Zip Code 14216-2818
 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 ▼ 247.50

Date of Receipt 10 / 24 / 2023
Transaction ID : SA11A.902216
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. ALBANESI, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 68 N PARK AVE
 City BUFFALO State NY Zip Code 14216-2818
 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 ▼ 247.50

Date of Receipt 10 / 24 / 2023
Transaction ID : SA11A.902220
 Amount of Each Receipt this Period 4.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. BRAMLETT, ROBERT, M., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 CLOVERLEAF PLACE
 City ARDMORE State OK Zip Code 73401-3415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 374.00

Date of Receipt 10 / 24 / 2023
Transaction ID : SA11A.902214
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶ 10.50
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 150 OF 402
	<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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 10 / 24 / 2023
Transaction ID : SA11A.902187
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 10 / 24 / 2023
Transaction ID : SA11A.902193
 Amount of Each Receipt this Period 0.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 10 / 24 / 2023
Transaction ID : SA11A.902223
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	6.00
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 151 OF 402
	<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)
E-PAC

A. MUELLER, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 NASSAU RD
 City POUGHKEEPSIE State NY Zip Code 12601-5640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 24 / 2023
Transaction ID : SA11A.902228
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 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 ▼ 1321.07

Date of Receipt 10 / 24 / 2023
Transaction ID : SA11A.902227
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 54048.95

Date of Receipt 10 / 31 / 2023
Transaction ID : SA11C.907970
 Amount of Each Receipt this Period 5760.25
 Memo Item
 CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....▶ 35.00
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 152 OF 402
	(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)
E-PAC

A. BRAMLETT, ROBERT, M., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 CLOVERLEAF PLACE
 City ARDMORE State OK Zip Code 73401-3415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **374.00**

Date of Receipt **10 / 31 / 2023**
Transaction ID : SA11A.907997
 Amount of Each Receipt this Period **4.00**
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. BRAMLETT, ROBERT, M., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 CLOVERLEAF PLACE
 City ARDMORE State OK Zip Code 73401-3415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CROSS POINTE INSURANCE ADVISORS LLC Occupation (for Individual) INDEPENDENT INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **374.00**

Date of Receipt **10 / 31 / 2023**
Transaction ID : SA11A.907998
 Amount of Each Receipt this Period **4.00**
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. CAMERON, RONALD, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 21440
 City LITTLE ROCK State AR Zip Code 72221-1440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MOUNTAIRE CORP Occupation (for Individual) CHAIRMAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **10 / 31 / 2023**
Transaction ID : SA11A.908024
 Amount of Each Receipt this Period **5000.00**
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	5008.00
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 153 OF 402
	<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)
E-PAC

A. CLARK, RICHARD, K., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4171 LORENZO FARM RD
 City CAZENOVIA State NY Zip Code 13035-9341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2023
Transaction ID : SA11A.908012
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. GULLIVER, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 701
 City BLACK DIAMOND State WA Zip Code 98010-0701
 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 ▼ 500.00

Date of Receipt 10 / 31 / 2023
Transaction ID : SA11A.908020
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 10 / 31 / 2023
Transaction ID : SA11A.907991
 Amount of Each Receipt this Period 2.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 77.50
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 154 OF 402
	<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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 10 / 31 / 2023
Transaction ID : SA11A.907992
 Amount of Each Receipt this Period 2.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 10 / 31 / 2023
Transaction ID : SA11A.907996
 Amount of Each Receipt this Period 4.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 10 / 31 / 2023
Transaction ID : SA11A.908006
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	16.50
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 155 OF 402
	<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)
E-PAC

A. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 10 / 31 / 2023
Transaction ID : SA11A.908007
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 10 / 31 / 2023
Transaction ID : SA11A.908011
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LOONEYO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 ATLANTA ROAD
 City CUMMING State GA Zip Code 30040-2707
 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 ▼ 206.43

Date of Receipt 10 / 31 / 2023
Transaction ID : SA11A.908016
 Amount of Each Receipt this Period 26.03
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	61.03
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 156 OF 402
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 10 / 31 / 2023
Transaction ID : SA11A.907995
 Amount of Each Receipt this Period 3.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 10 / 31 / 2023
Transaction ID : SA11A.908000
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 10 / 31 / 2023
Transaction ID : SA11A.908003
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶ 13.00
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 157 OF 402
	<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)
E-PAC

A. REEDER, KEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 775 ADAMS RD
 City LOVELAND State OH Zip Code 45140-7241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PE SYSTEMS Occupation (for Individual) SOFTWARE DEVELOPER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : SA11A.908023
 Amount of Each Receipt this Period
 200.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 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 ▼ 1321.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : SA11A.908008
 Amount of Each Receipt this Period
 15.62
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 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 ▼ 1321.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : SA11A.908009
 Amount of Each Receipt this Period
 15.62
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	231.24
TOTAL This Period (last page this line number only).....	36742.81

**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 158 OF 402
<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)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. NATIONAL FEDERATION OF REPUBLICAN WOMEN

Mailing Address 124 NORTH ALFRED STREET

City ALEXANDRIA State VA Zip Code 22314-3011

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 ▼
275.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2023

Transaction ID : SA11C.783641

Amount of Each Receipt this Period
275.00

Memo Item
CONTRIBUTION

FEDERALLY PERMISSIBLE FUNDS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. AMERICAN HOSPITAL ASSOCIATION PAC

Mailing Address 800 10TH ST NW STE 400
TWO CITYCENTER

City WASHINGTON State DC Zip Code 20001-5189

FEC ID number of contributing federal political committee. **C** C00106146

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2023

Transaction ID : SA11C.797287

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. NATIONAL ASSOCIATION OF WHOLESALER-DISTRIBUTORS PAC

Mailing Address 1325 G ST NW STE 1000

City WASHINGTON State DC Zip Code 20005-3134

FEC ID number of contributing federal political committee. **C** C00109306

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2023

Transaction ID : SA11C.797286

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2275.00
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 159 OF 402
<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)
E-PAC

A. NATIONAL APARTMENT ASSOCIATION PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4300 WILSON BLVD STE 400
 City ARLINGTON State VA Zip Code 22203-4167
 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 ▼ 5000.00

Date of Receipt 08 / 02 / 2023
Transaction ID : SA11C.797289
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

B. RETAIL LEADERS PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 N MOORE ST STE 2250
 City ARLINGTON State VA Zip Code 22209-1933
 FEC ID number of contributing federal political committee. **C** C00112763
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 02 / 2023
Transaction ID : SA11C.797285
 Amount of Each Receipt this Period 2500.00
 Memo Item
 CONTRIBUTION

C. SALLIE MAE PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 CONTINENTAL DR.
 City NEWARK State DE Zip Code 19713-4322
 FEC ID number of contributing federal political committee. **C** C00580076
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 02 / 2023
Transaction ID : SA11C.797288
 Amount of Each Receipt this Period 2500.00
 Memo Item
 CONTRIBUTION

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 160 OF 402
<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)
E-PAC

A. BLUE ORIGIN LLC PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 21218-76TH AVENUE S
City KENT State WA Zip Code 98032-
FEC ID number of contributing federal political committee. **C** C00557793
Name of Employer (for Individual) Occupation (for Individual)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 17 / 2023
Transaction ID : SA11C.808620
Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION

B. AMERICAN BANKERS ASSOCIATION PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1333 NEW HAMPSHIRE AVE NW STE 700
City WASHINGTON State DC Zip Code 20036-1532
FEC ID number of contributing federal political committee. **C** C00004275
Name of Employer (for Individual) Occupation (for Individual)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 22 / 2023
Transaction ID : SA11C.813249
Amount of Each Receipt this Period 2500.00
 Memo Item
CONTRIBUTION

C. COMCAST CORPORATION & NBC UNIVERSAL PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1701 JOHN F KENNEDY BLVD FL 49
City PHILADELPHIA State PA Zip Code 19103-2855
FEC ID number of contributing federal political committee. **C** C00248716
Name of Employer (for Individual) Occupation (for Individual)
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 22 / 2023
Transaction ID : SA11C.813250
Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 8500.00
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 161 OF 402
<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)
E-PAC

A. EMPLOYEES OF NORTHROP GRUMMAN CORP PAC (ENGPAC)
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2980 FAIRVIEW PARK DR.
 City FALLS CHURCH State VA Zip Code 22042-4511
 FEC ID number of contributing federal political committee. **C** C00088591
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 08 / 22 / 2023
Transaction ID : SA11C.813253
 Amount of Each Receipt this Period
 2500.00
 Memo Item
CONTRIBUTION

B. GENERAL ATOMICS PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 85608
 City SAN DIEGO State CA Zip Code 92186-5608
 FEC ID number of contributing federal political committee. **C** C00215285
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 08 / 22 / 2023
Transaction ID : SA11C.813252
 Amount of Each Receipt this Period
 4000.00
 Memo Item
CONTRIBUTION

C. PRICE WATERHOUSE COOPERS PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1301 K ST NW STE 800 WEST
 City WASHINGTON State DC Zip Code 20005-3317
 FEC ID number of contributing federal political committee. **C** C00107235
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 08 / 22 / 2023
Transaction ID : SA11C.813248
 Amount of Each Receipt this Period
 2500.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	9000.00
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 162 OF 402
<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)
E-PAC

A. WAL-MART STORES INC PAC FOR RESPONSIBLE GOVERNMENT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 702 SW 8TH ST

City BENTONVILLE	State AR	Zip Code 72716-6209
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00093054

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2023

Transaction ID : SA11C.813251

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. LOCKHEED MARTIN CORPORATION EMPLOYEE'S PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 2121 CRYSTAL DR. STE 100

City ARLINGTON	State VA	Zip Code 22202-3706
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00303024

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2023

Transaction ID : SA11C.843703

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C. NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION POLITICAL ACTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1201 PENNSYLVANIA AVE NW # 12

City WASHINGTON	State DC	Zip Code 20004-2401
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00113811

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
09	/	13	/	2023

Transaction ID : SA11C.843705

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	8500.00
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 163 OF 402
<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)
E-PAC

A. NATIONAL SHOOTING SPORTS FOUNDATION INC PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 CORPORATE DR.
 STE 650
 City SHELTON State CT Zip Code 06484-6271
 FEC ID number of contributing federal political committee. **C** C00480863
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2023
Transaction ID : SA11C.843704
 Amount of Each Receipt this Period
 2500.00
 Memo Item
CONTRIBUTION

B. ABBOTT LABORATORIES EMPLOYEE POLITICAL ACTION COMMITTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 ABBOTT PARK RD
 D312 AP6D-2
 City ABBOTT PARK State IL Zip Code 60064-3502
 FEC ID number of contributing federal political committee. **C** C00040279
 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
 09 / 30 / 2023
Transaction ID : SA11C.878048
 Amount of Each Receipt this Period
 5000.00
 Memo Item
CONTRIBUTION

C. AMGEN PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address ONE AMGEN CENTER DRIVE
 City THOUSAND OAKS State CA Zip Code 91320-1730
 FEC ID number of contributing federal political committee. **C** C00251876
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2023
Transaction ID : SA11C.878049
 Amount of Each Receipt this Period
 2500.00
 Memo Item
CONTRIBUTION

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 164 OF 402
<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)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. CHARTER COMMUNICATIONS INC PAC

Mailing Address 400 ATLANTIC ST # 10

City STAMFORD	State CT	Zip Code 06901-3512
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00426775

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
09		30		2023

Transaction ID : SA11C.878050

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. INTERNATIONAL FRANCHISE ASSOCIATION PAC

Mailing Address 1900 K ST NW STE 700

City WASHINGTON	State DC	Zip Code 20006-1135
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00084491

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2023

Transaction ID : SA11C.878052

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. L3 TECHNOLOGIES INC PAC

Mailing Address 600 3RD AVE

City NEW YORK	State NY	Zip Code 10016-1901
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00338087

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2023

Transaction ID : SA11C.878053

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	8500.00
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 165 OF 402
	<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)
E-PAC

A. NATIONAL AUTOMOBILE DEALERS ASSOCIATION PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 412 1ST ST SE

City WASHINGTON	State DC	Zip Code 20003-1804
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00040998

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
09		30		2023

Transaction ID : SA11C.878051

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

B. NATIONAL BEER WHOLESALERS ASSOCIATION PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 277 S WASHINGTON ST
STE 500

City ALEXANDRIA	State VA	Zip Code 22314-3672
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00144766

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
09		30		2023

Transaction ID : SA11C.878047

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

C. CRH AMERICAS, INC. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 800 MAINE AVE SW STE 800

City WASHINGTON	State DC	Zip Code 20024-2806
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00346353

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
10		12		2023

Transaction ID : SA11C.882679

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	15000.00
TOTAL This Period (last page this line number only).....	71775.00

**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 166 OF 402
<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)
E-PAC

A. ELISE VICTORY FUND
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. BOX 500

City GLENS FALLS	State NY	Zip Code 12801-0500
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00630632

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
155457.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2023

Transaction ID : SA12.797306

Amount of Each Receipt this Period
31382.35

Memo Item
TRANSFER

B. BRODSKY, DAVID, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 259 CLARKE AVE

City PALM BEACH	State FL	Zip Code 33480-6124
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
RETIRED 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
07	/	13	/	2023

Transaction ID : SA.783642.3.EV33

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER

TRANSFER FROM ELISE VICTORY FUND

C. DAVIS, MARTIN, E., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 26310 BIRCH BLUFF RD

City EXCELSIOR	State MN	Zip Code 55331-8321
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FEC ID number of contributing federal political committee. **C**

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

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
08	/	02	/	2023

Transaction ID : SA.797281.3.EV33

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER

TRANSFER FROM ELISE VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....	31382.35
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 167 OF 402
<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)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. LAGANAS, ELIZA, , ,		Date of Receipt MM / DD / YYYY 07 / 18 / 2023
Mailing Address 2929 SHORE DR.		Transaction ID : SA.788164.3.EV33
City MERRICK	State NY	Zip Code 11566-5224
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) THE LAW OFFICE OF STAHL, PC	Occupation (for Individual) LAWYER	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	TRANSFER FROM ELISE VICTORY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MORSE, PHILLIP, H., ,		Date of Receipt MM / DD / YYYY 07 / 26 / 2023
Mailing Address 218 LOCHA DR.		Transaction ID : SA.789789.3.EV33
City JUPITER	State FL	Zip Code 33458-7733
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	TRANSFER FROM ELISE VICTORY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. PSAROS, MICHAEL, G., MR.,		Date of Receipt MM / DD / YYYY 07 / 07 / 2023
Mailing Address 520 PARK AVE APT 27		Transaction ID : SA.781376.3.EV33
City NEW YORK	State NY	Zip Code 10065-8070
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual) KPS CAPITAL PARTNERS	Occupation (for Individual) PRIVATE EQUITY INVESTOR	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 5000.00	TRANSFER FROM ELISE VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 168 OF 402
<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)
E-PAC

A. RABAR, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11967 PINNACLE PLACE
 City BEVERLY HILLS State CA Zip Code 90210-1370
 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 07 / 21 / 2023
Transaction ID : SA.789287.3.EV33
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

B. SEMCER, FRANK, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27603 RIVERBANK DR.
 City BONITA SPRINGS State FL Zip Code 34134-2645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MICRO STAMPING CORP Occupation (for Individual) EXEC MEDICAL DEVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 12 / 2023
Transaction ID : SA.783533.3.EV33
 Amount of Each Receipt this Period 1000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

C. SEMCER, FRANK, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27603 RIVERBANK DR.
 City BONITA SPRINGS State FL Zip Code 34134-2645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MICRO STAMPING CORP Occupation (for Individual) EXEC MEDICAL DEVICES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 31 / 2023
Transaction ID : SA.797204.3.EV33
 Amount of Each Receipt this Period 1000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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 169 OF 402
<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)
E-PAC

A. TRATT, IRIT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 CREST LN
 City SCARSDALE State NY Zip Code 10583-7504
 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 **07 / 03 / 2023**
Transaction ID : SA.774992.3.EV33
 Amount of Each Receipt this Period 5000.00
 Memo Item
TRANSFER
TRANSFER FROM ELISE VICTORY FUND

B. ELISE VICTORY FUND
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 500
 City GLENS FALLS State NY Zip Code 12801-0500
 FEC ID number of contributing federal political committee. **C** C00630632
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 155457.44

Date of Receipt **09 / 30 / 2023**
Transaction ID : SA12.880204
 Amount of Each Receipt this Period 13325.52
 Memo Item
TRANSFER

C. AAB, JOYCE, M., MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22988 SHADY KNOLL DR.
 City BONITA SPRINGS State FL Zip Code 34135-2033
 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 ▼ 1700.00

Date of Receipt **09 / 28 / 2023**
Transaction ID : SA.870978.3.EV34
 Amount of Each Receipt this Period 1700.00
 Memo Item
TRANSFER
TRANSFER FROM ELISE VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....	13325.52
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 170 OF 402
<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)
E-PAC

A. BARONE, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1044 NORTHERN BLVD
 City ROSLYN State NY Zip Code 11576-1514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARONE MANAGEMENT LLC Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 31 / 2023
Transaction ID : SA.828219.3.EV34
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 PARTNERSHIP ATTRIB: BARONE MANAGEMENT LLC

B. BRENNAN, DON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 681 WYCKOFF AVE
 City MAHWAH State NJ Zip Code 07430-3016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RECON Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 10 / 2023
Transaction ID : SA.804441.3.EV34
 Amount of Each Receipt this Period 1600.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

C. CASTLE, JOHN, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 E 58TH ST
 City NEW YORK State NY Zip Code 10155-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MERCHANT BANKER Occupation (for Individual) MERCHANT BANKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3400.00

Date of Receipt 08 / 16 / 2023
Transaction ID : SA.808487.3.EV34
 Amount of Each Receipt this Period 3400.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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 171 OF 402
<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)
E-PAC

A. CHAMBERS, NORMAN, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2001 SE SAILFISH POINT BLVD
 City STUART State FL Zip Code 34996-1971
 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 09 / 19 / 2023
Transaction ID : SA.845118.3.EV34
 Amount of Each Receipt this Period 1766.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

B. LAGANAS, ELIZA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2929 SHORE DR.
 City MERRICK State NY Zip Code 11566-5224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE LAW OFFICE OF STAHL, PC Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 11 / 2023
Transaction ID : SA.836278.3.EV34
 Amount of Each Receipt this Period 700.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 29 / 2023
Transaction ID : SA.871263.3.EV34
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....	0.00
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 172 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 29 / 2023
Transaction ID : SA.871264.3.EV34
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 29 / 2023
Transaction ID : SA.871265.3.EV34
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

C. PALADINO, CARL, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 282 POTTERS RD
 City BUFFALO State NY Zip Code 14220-2526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ELLICOTT DEVELOPMENT Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 09 / 2023
Transaction ID : SA.804153.3.EV34
 Amount of Each Receipt this Period 1600.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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 173 OF 402
<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)
E-PAC

A. SABBA, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1291
 City YORKTOWN HEIGHTS State NY Zip Code 10598-8291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TAXPRO FINANCIAL NETWORK INC. Occupation (for Individual) TAX PROFESSIONAL
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 14 / 2023
Transaction ID : SA.804544.3.EV34
 Amount of Each Receipt this Period 2500.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

B. STANFILL, SHARON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43 HUCKLEBERRY HILL RD
 City LINCOLN State MA Zip Code 01773-3508
 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 09 / 21 / 2023
Transaction ID : SA.856901.3.EV34
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

C. BARONE MANAGEMENT LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1044 NORTHERN BLVD
 City ROSLYN State NY Zip Code 11576-1514
 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 ▼ 5000.00

Date of Receipt 08 / 31 / 2023
Transaction ID : SA.828217.3.EV34
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 SEE PARTNERSHIP ATTRIB

SUBTOTAL of Receipts This Page (optional).....	0.00
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 174 OF 402
<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)
E-PAC

A. HOUSE GOP BATTLEGROUND FUND
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 500

City GLENS FALLS	State NY	Zip Code 12801-0500
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00837492

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
9167.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2023

Transaction ID : SA12.880201

Amount of Each Receipt this Period
5409.34

Memo Item
TRANSFER

B. ARCHER, LYNNE, MARGARET, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 20 SAINT PETERS WALK

City SUGAR LAND	State TX	Zip Code 77479-2525
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
ARCHER CHRYSLER-JEEP/ DODGE R-V TREASURER

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
07		10		2023

Transaction ID : SA.781709.31.BG02

Amount of Each Receipt this Period
500.00

Memo Item
TRANSFER

TRANSFER FROM HOUSE BATTLEGROUND FUND

C. BEREN, ADAM, E., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1739 N DUCKCROSS COVE ST

City WICHITA	State KS	Zip Code 67206-3323
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
BEREXCO LLC PRESIDENT

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
09		30		2023

Transaction ID : SA.877319.31.BG02

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER

TRANSFER FROM HOUSE BATTLEGROUND FUND

SUBTOTAL of Receipts This Page (optional).....	5409.34
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 175 OF 402
<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)
E-PAC

A. EISEN, JOSH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 182 UNION AVE
 City HARRISON State NY Zip Code 10528-2009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MORNINGSIDE Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 26 / 2023
Transaction ID : SA.857859.31.BG02
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM HOUSE BATTLEGROUND FUND

B. TEXTOR, DONALD, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 381 LATTINGTOWN RD
 City LOCUST VALLEY State NY Zip Code 11560-1032
 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 ▼ 850.00

Date of Receipt 09 / 28 / 2023
Transaction ID : SA.870975.31.BG02
 Amount of Each Receipt this Period 850.00
 Memo Item
 TRANSFER
 TRANSFER FROM HOUSE BATTLEGROUND FUND

C. TEAM ELISE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 500
 City GLENS FALLS State NY Zip Code 12801-0500
 FEC ID number of contributing federal political committee. **C** C00830679
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 23854.73

Date of Receipt 09 / 30 / 2023
Transaction ID : SA12.880215
 Amount of Each Receipt this Period 7407.13
 Memo Item
 TRANSFER

SUBTOTAL of Receipts This Page (optional).....▶	7407.13
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 176 OF 402
<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)
E-PAC

A. CHAMBERS, NORMAN, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2001 SE SAILFISH POINT BLVD
 City STUART State FL Zip Code 34996-1971
 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 **07 / 14 / 2023**
Transaction ID : SA.787593.24.TE05
 Amount of Each Receipt this Period 3234.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT AVE APT 506
 City CINCINNATI State OH Zip Code 45230-1160
 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 ▼ 251.99

Date of Receipt **09 / 30 / 2023**
Transaction ID : SA.876411.24.TE05
 Amount of Each Receipt this Period 28.49
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT AVE APT 506
 City CINCINNATI State OH Zip Code 45230-1160
 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 ▼ 251.99

Date of Receipt **09 / 30 / 2023**
Transaction ID : SA.877524.24.TE05
 Amount of Each Receipt this Period 0.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 177 OF 402
<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)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT AVE APT 506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

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 ▼ **251.99**

Date of Receipt
09 / 30 / 2023

Transaction ID : SA.877922.24.TE05

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT AVE APT 506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

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 ▼ **251.99**

Date of Receipt
09 / 30 / 2023

Transaction ID : SA.878029.24.TE05

Amount of Each Receipt this Period
99.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT AVE APT 506**

City CINCINNATI	State OH	Zip Code 45230-1160
---------------------------	--------------------	-------------------------------

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 ▼ **251.99**

Date of Receipt
09 / 30 / 2023

Transaction ID : SA.878030.24.TE05

Amount of Each Receipt this Period
99.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 178 OF 402
<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)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EICHEL, LAURENCE, , ,

Mailing Address P.O. BOX 600

City WELLINGTON State CO Zip Code 80549-0600

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 ▼ 441.51

Date of Receipt 09 / 19 / 2023
Transaction ID : SA.849708.24.TE05

Amount of Each Receipt this Period 6.74

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EICHEL, LAURENCE, , ,

Mailing Address P.O. BOX 600

City WELLINGTON State CO Zip Code 80549-0600

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 ▼ 441.51

Date of Receipt 09 / 19 / 2023
Transaction ID : SA.849709.24.TE05

Amount of Each Receipt this Period 10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EICHEL, LAURENCE, , ,

Mailing Address P.O. BOX 600

City WELLINGTON State CO Zip Code 80549-0600

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 ▼ 441.51

Date of Receipt 09 / 19 / 2023
Transaction ID : SA.850070.24.TE05

Amount of Each Receipt this Period 20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 179 OF 402
<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)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EICHEL, LAURENCE, , ,

Mailing Address P.O. BOX 600

City WELLINGTON State CO Zip Code 80549-0600

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 ▼ 441.51

Date of Receipt 09 / 19 / 2023
Transaction ID : SA.850071.24.TE05

Amount of Each Receipt this Period 20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EICHEL, LAURENCE, , ,

Mailing Address P.O. BOX 600

City WELLINGTON State CO Zip Code 80549-0600

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 ▼ 441.51

Date of Receipt 09 / 19 / 2023
Transaction ID : SA.850072.24.TE05

Amount of Each Receipt this Period 20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EICHEL, LAURENCE, , ,

Mailing Address P.O. BOX 600

City WELLINGTON State CO Zip Code 80549-0600

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 ▼ 441.51

Date of Receipt 09 / 19 / 2023
Transaction ID : SA.850073.24.TE05

Amount of Each Receipt this Period 20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 180 OF 402
<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)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EICHEL, LAURENCE, , ,

Mailing Address P.O. BOX 600

City WELLINGTON State CO Zip Code 80549-0600

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 ▼ 441.51

Date of Receipt 09 / 19 / 2023
Transaction ID : SA.850074.24.TE05

Amount of Each Receipt this Period 20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EICHEL, LAURENCE, , ,

Mailing Address P.O. BOX 600

City WELLINGTON State CO Zip Code 80549-0600

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 ▼ 441.51

Date of Receipt 09 / 19 / 2023
Transaction ID : SA.850253.24.TE05

Amount of Each Receipt this Period 25.74

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EICHEL, LAURENCE, , ,

Mailing Address P.O. BOX 600

City WELLINGTON State CO Zip Code 80549-0600

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 ▼ 441.51

Date of Receipt 09 / 19 / 2023
Transaction ID : SA.850254.24.TE05

Amount of Each Receipt this Period 25.74

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 181 OF 402
<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)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. EICHEL, LAURENCE, , ,		Date of Receipt MM / DD / YYYY 09 / 19 / 2023
Mailing Address P.O. BOX 600		Transaction ID : SA.850255.24.TE05
City WELLINGTON	State CO	Zip Code 80549-0600
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 441.51	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. EICHEL, LAURENCE, , ,		Date of Receipt MM / DD / YYYY 09 / 19 / 2023
Mailing Address P.O. BOX 600		Transaction ID : SA.850474.24.TE05
City WELLINGTON	State CO	Zip Code 80549-0600
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 441.51	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. EICHEL, LAURENCE, , ,		Date of Receipt MM / DD / YYYY 09 / 26 / 2023
Mailing Address P.O. BOX 600		Transaction ID : SA.869593.24.TE05
City WELLINGTON	State CO	Zip Code 80549-0600
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.80
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 441.51	TRANSFER
		TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 182 OF 402
<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)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. EICHEL, LAURENCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2023
Mailing Address P.O. BOX 600		Transaction ID : SA.869595.24.TE05
City WELLINGTON	State CO	Zip Code 80549-0600
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.80
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 441.51	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. EICHEL, LAURENCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2023
Mailing Address P.O. BOX 600		Transaction ID : SA.869728.24.TE05
City WELLINGTON	State CO	Zip Code 80549-0600
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.82
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 441.51	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. EICHEL, LAURENCE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2023
Mailing Address P.O. BOX 600		Transaction ID : SA.869730.24.TE05
City WELLINGTON	State CO	Zip Code 80549-0600
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.82
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 441.51	TRANSFER
		TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 183 OF 402
<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)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EICHEL, LAURENCE, , ,

Mailing Address P.O. BOX 600

City WELLINGTON State CO Zip Code 80549-0600

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 ▼ 441.51

Date of Receipt 09 / 30 / 2023
Transaction ID : SA.871775.24.TE05

Amount of Each Receipt this Period 0.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EICHEL, LAURENCE, , ,

Mailing Address P.O. BOX 600

City WELLINGTON State CO Zip Code 80549-0600

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 ▼ 441.51

Date of Receipt 09 / 30 / 2023
Transaction ID : SA.875479.24.TE05

Amount of Each Receipt this Period 19.80

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EICHEL, LAURENCE, , ,

Mailing Address P.O. BOX 600

City WELLINGTON State CO Zip Code 80549-0600

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 ▼ 441.51

Date of Receipt 09 / 30 / 2023
Transaction ID : SA.875768.24.TE05

Amount of Each Receipt this Period 26.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 184 OF 402
<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)
E-PAC

A. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 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 ▼ 441.51

Date of Receipt 09 / 30 / 2023
Transaction ID : SA.875809.24.TE05
 Amount of Each Receipt this Period 33.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. JAHNS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 PEBBLE CREEK DR.
 City EULESS State TX Zip Code 76040-5951
 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 ▼ 4999.50

Date of Receipt 06 / 30 / 2023
Transaction ID : SA.783360.24.TE05
 Amount of Each Receipt this Period - 0.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 06 / 13 / 2023
Transaction ID : SA.763809.24.TE05
 Amount of Each Receipt this Period 35.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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 185 OF 402
<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)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 07 / 06 / 2023 Transaction ID : SA.780990.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 0.05
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 08 / 08 / 2023 Transaction ID : SA.799163.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 0.19
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 08 / 08 / 2023 Transaction ID : SA.799177.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 5.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1049.84	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 186 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799254.24.TE05
 Amount of Each Receipt this Period 7.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799256.24.TE05
 Amount of Each Receipt this Period 7.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799259.24.TE05
 Amount of Each Receipt this Period 7.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 187 OF 402
<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)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 08 / 08 / 2023 Transaction ID : SA.799588.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 10.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 08 / 08 / 2023 Transaction ID : SA.799593.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 10.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 08 / 08 / 2023 Transaction ID : SA.799659.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 10.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1049.84	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 188 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799735.24.TE05
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799736.24.TE05
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799749.24.TE05
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
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 189 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 08 / 08 / 2023
Transaction ID : SA.799768.24.TE05
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 08 / 08 / 2023
Transaction ID : SA.799921.24.TE05
 Amount of Each Receipt this Period 15.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 08 / 08 / 2023
Transaction ID : SA.800110.24.TE05
 Amount of Each Receipt this Period 20.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 190 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.801199.24.TE05
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.801418.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.801419.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
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 191 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **08 / 08 / 2023**
Transaction ID : SA.801420.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **08 / 08 / 2023**
Transaction ID : SA.801445.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **08 / 08 / 2023**
Transaction ID : SA.801446.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 192 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.801488.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.801808.24.TE05
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.801809.24.TE05
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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 193 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **08 / 08 / 2023**
Transaction ID : SA.801820.24.TE05
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **08 / 15 / 2023**
Transaction ID : SA.804935.24.TE05
 Amount of Each Receipt this Period 0.05
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **08 / 15 / 2023**
Transaction ID : SA.805569.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
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 194 OF 402
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **08 / 15 / 2023**
Transaction ID : SA.805698.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **08 / 15 / 2023**
Transaction ID : SA.805860.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **08 / 15 / 2023**
Transaction ID : SA.806024.24.TE05
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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 195 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **08 / 15 / 2023**
Transaction ID : SA.806026.24.TE05
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **08 / 15 / 2023**
Transaction ID : SA.806082.24.TE05
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **08 / 15 / 2023**
Transaction ID : SA.806083.24.TE05
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 196 OF 402
<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)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 08 / 15 / 2023 Transaction ID : SA.806098.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 2.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 08 / 15 / 2023 Transaction ID : SA.806120.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 2.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 08 / 15 / 2023 Transaction ID : SA.806197.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 3.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1049.84	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 197 OF 402
<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)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 08 / 15 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.806198.24.TE05
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 08 / 15 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.806250.24.TE05
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 08 / 15 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.806251.24.TE05
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1049.84	TRANSFER
		TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 198 OF 402
<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)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 08 / 15 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.806568.24.TE05
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 08 / 15 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.806579.24.TE05
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	TRANSFER
		TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 08 / 15 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.806585.24.TE05
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1049.84	TRANSFER
		TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 199 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.806683.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.806687.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.806701.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 200 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **08 / 15 / 2023**
Transaction ID : SA.806823.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **08 / 22 / 2023**
Transaction ID : SA.811407.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **08 / 22 / 2023**
Transaction ID : SA.811416.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 201 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **08 / 22 / 2023**
Transaction ID : SA.811439.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **08 / 22 / 2023**
Transaction ID : SA.811609.24.TE05
 Amount of Each Receipt this Period 7.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **08 / 22 / 2023**
Transaction ID : SA.811784.24.TE05
 Amount of Each Receipt this Period 9.90
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
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 202 OF 402
<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)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 08 / 22 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.811891.24.TE05
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 08 / 22 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.811923.24.TE05
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 08 / 29 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.822350.24.TE05
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1049.84	TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 203 OF 402
<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)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 08 / 29 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.822367.24.TE05
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 08 / 29 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.822456.24.TE05
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 08 / 29 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.822468.24.TE05
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1049.84	TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 204 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.822471.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.822593.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.823211.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 205 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.823489.24.TE05
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.823578.24.TE05
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.823620.24.TE05
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 206 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **08 / 29 / 2023**
Transaction ID : SA.823697.24.TE05
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **08 / 29 / 2023**
Transaction ID : SA.823788.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **08 / 29 / 2023**
Transaction ID : SA.823806.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 207 OF 402
<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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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **08 / 29 / 2023**
Transaction ID : SA.823815.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **08 / 29 / 2023**
Transaction ID : SA.823855.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **08 / 29 / 2023**
Transaction ID : SA.823875.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 208 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.823953.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.823954.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.824775.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 209 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.824809.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.824952.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.824959.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 210 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.824979.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.824981.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.824999.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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 211 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **08 / 29 / 2023**
Transaction ID : SA.825030.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **08 / 29 / 2023**
Transaction ID : SA.825141.24.TE05
 Amount of Each Receipt this Period 7.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 05 / 2023**
Transaction ID : SA.828998.24.TE05
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
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 212 OF 402
<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)
E-PAC

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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023
Transaction ID : SA.829589.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023
Transaction ID : SA.829590.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023
Transaction ID : SA.829591.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 213 OF 402
<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)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 09 / 05 / 2023 Transaction ID : SA.829715.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 09 / 05 / 2023 Transaction ID : SA.829938.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 09 / 05 / 2023 Transaction ID : SA.830039.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1049.84	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 214 OF 402
<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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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 05 / 2023**
Transaction ID : SA.830041.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 05 / 2023**
Transaction ID : SA.830370.24.TE05
 Amount of Each Receipt this Period 1.98
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 05 / 2023**
Transaction ID : SA.830497.24.TE05
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 215 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 05 / 2023**
Transaction ID : SA.830545.24.TE05
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 05 / 2023**
Transaction ID : SA.830577.24.TE05
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 05 / 2023**
Transaction ID : SA.830584.24.TE05
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 216 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 05 / 2023**
Transaction ID : SA.830646.24.TE05
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 05 / 2023**
Transaction ID : SA.830662.24.TE05
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 05 / 2023**
Transaction ID : SA.830777.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 217 OF 402
<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)
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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 05 / 2023**
Transaction ID : SA.830778.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 05 / 2023**
Transaction ID : SA.830781.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 05 / 2023**
Transaction ID : SA.830807.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 218 OF 402
<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)
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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023
Transaction ID : SA.830819.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023
Transaction ID : SA.830844.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023
Transaction ID : SA.830872.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 219 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 05 / 2023**
Transaction ID : SA.830902.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 05 / 2023**
Transaction ID : SA.830912.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 05 / 2023**
Transaction ID : SA.831401.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 220 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023
Transaction ID : SA.831573.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023
Transaction ID : SA.831628.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023
Transaction ID : SA.831633.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 221 OF 402
<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)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 09 / 05 / 2023 Transaction ID : SA.831712.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 5.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 09 / 05 / 2023 Transaction ID : SA.831815.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 7.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 09 / 05 / 2023 Transaction ID : SA.833897.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 39.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1049.84	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 222 OF 402
<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)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 09 / 12 / 2023 Transaction ID : SA.837624.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 09 / 12 / 2023 Transaction ID : SA.837626.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 09 / 12 / 2023 Transaction ID : SA.837628.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1049.84	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 223 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 12 / 2023**
Transaction ID : SA.837811.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 12 / 2023**
Transaction ID : SA.837912.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 12 / 2023**
Transaction ID : SA.838035.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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 224 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2023
Transaction ID : SA.838388.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2023
Transaction ID : SA.838405.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2023
Transaction ID : SA.838754.24.TE05
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 225 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 12 / 2023**
Transaction ID : SA.838782.24.TE05
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 12 / 2023**
Transaction ID : SA.838796.24.TE05
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 12 / 2023**
Transaction ID : SA.838846.24.TE05
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 226 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 12 / 2023
Transaction ID : SA.838847.24.TE05
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 12 / 2023
Transaction ID : SA.839007.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 12 / 2023
Transaction ID : SA.839018.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
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 227 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 12 / 2023**
Transaction ID : SA.839024.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 12 / 2023**
Transaction ID : SA.839056.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 12 / 2023**
Transaction ID : SA.839083.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 228 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 12 / 2023**
Transaction ID : SA.839090.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 12 / 2023**
Transaction ID : SA.839152.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 12 / 2023**
Transaction ID : SA.839544.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 229 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2023
Transaction ID : SA.839583.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2023
Transaction ID : SA.839778.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2023
Transaction ID : SA.839882.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 230 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 12 / 2023
Transaction ID : SA.839934.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 12 / 2023
Transaction ID : SA.841481.24.TE05
 Amount of Each Receipt this Period 27.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 19 / 2023
Transaction ID : SA.848124.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
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 231 OF 402
<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)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 09 / 19 / 2023 Transaction ID : SA.848126.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 09 / 19 / 2023 Transaction ID : SA.848227.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 09 / 19 / 2023 Transaction ID : SA.848256.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1049.84	

SUBTOTAL of Receipts This Page (optional).....	0.00
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 232 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 19 / 2023**
Transaction ID : SA.848321.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 19 / 2023**
Transaction ID : SA.848456.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 19 / 2023**
Transaction ID : SA.848840.24.TE05
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 233 OF 402
<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)
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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 19 / 2023
Transaction ID : SA.848850.24.TE05
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 19 / 2023
Transaction ID : SA.848895.24.TE05
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 19 / 2023
Transaction ID : SA.848947.24.TE05
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
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 234 OF 402
<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)
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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 09 / 19 / 2023
Transaction ID : SA.849021.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 09 / 19 / 2023
Transaction ID : SA.849022.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 09 / 19 / 2023
Transaction ID : SA.849062.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
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 235 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 19 / 2023
Transaction ID : SA.849288.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 19 / 2023
Transaction ID : SA.849289.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 19 / 2023
Transaction ID : SA.849501.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
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 236 OF 402
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MAKOWSKI, BRUCE, , ,

Mailing Address 1302 N STEPHEN AVE

City CLAWSON State MI Zip Code 48017-1279

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 ▼
1049.84

Date of Receipt
09 / 19 / 2023
Transaction ID : SA.850196.24.TE05

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MAKOWSKI, BRUCE, , ,

Mailing Address 1302 N STEPHEN AVE

City CLAWSON State MI Zip Code 48017-1279

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 ▼
1049.84

Date of Receipt
09 / 19 / 2023
Transaction ID : SA.850651.24.TE05

Amount of Each Receipt this Period
50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. MAKOWSKI, BRUCE, , ,

Mailing Address 1302 N STEPHEN AVE

City CLAWSON State MI Zip Code 48017-1279

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 ▼
1049.84

Date of Receipt
09 / 26 / 2023
Transaction ID : SA.866409.24.TE05

Amount of Each Receipt this Period
1.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 237 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 26 / 2023**
Transaction ID : SA.866412.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 26 / 2023**
Transaction ID : SA.866414.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 26 / 2023**
Transaction ID : SA.866417.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 238 OF 402
<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)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 09 / 26 / 2023 Transaction ID : SA.866440.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 09 / 26 / 2023 Transaction ID : SA.866504.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 09 / 26 / 2023 Transaction ID : SA.866505.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1049.84	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 239 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA.866557.24.TE05
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA.866618.24.TE05
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA.866645.24.TE05
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 240 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA.866646.24.TE05
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA.866784.24.TE05
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA.866808.24.TE05
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 241 OF 402
<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)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 09 / 26 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.866854.24.TE05
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 09 / 26 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.866968.24.TE05
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 09 / 26 / 2023
Mailing Address 1302 N STEPHEN AVE		Transaction ID : SA.866985.24.TE05
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1049.84	TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 242 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA.867018.24.TE05
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA.867027.24.TE05
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA.867030.24.TE05
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 243 OF 402
<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)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 09 / 26 / 2023 Transaction ID : SA.867031.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 09 / 26 / 2023 Transaction ID : SA.867469.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 1.98
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 09 / 26 / 2023 Transaction ID : SA.867586.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 2.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1049.84	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 244 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA.867592.24.TE05
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA.867812.24.TE05
 Amount of Each Receipt this Period 2.97
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA.867839.24.TE05
 Amount of Each Receipt this Period 2.97
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 245 OF 402
<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)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 09 / 26 / 2023 Transaction ID : SA.867878.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 3.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 09 / 26 / 2023 Transaction ID : SA.868342.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 5.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 09 / 26 / 2023 Transaction ID : SA.868349.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 5.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1049.84	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 246 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 26 / 2023**
Transaction ID : SA.868640.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 30 / 2023**
Transaction ID : SA.872372.24.TE05
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 30 / 2023**
Transaction ID : SA.872547.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 247 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 30 / 2023**
Transaction ID : SA.872756.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 30 / 2023**
Transaction ID : SA.872879.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 30 / 2023**
Transaction ID : SA.872905.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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 248 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 30 / 2023**
Transaction ID : SA.873088.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 30 / 2023**
Transaction ID : SA.873152.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 30 / 2023**
Transaction ID : SA.873294.24.TE05
 Amount of Each Receipt this Period 1.98
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 249 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 30 / 2023**
Transaction ID : SA.873649.24.TE05
 Amount of Each Receipt this Period 2.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 30 / 2023**
Transaction ID : SA.873765.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 30 / 2023**
Transaction ID : SA.873767.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 250 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2023
Transaction ID : SA.873860.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2023
Transaction ID : SA.873868.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2023
Transaction ID : SA.873874.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 251 OF 402
<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)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2023 Transaction ID : SA.874081.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 4.95
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2023 Transaction ID : SA.874309.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 5.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.84	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2023 Transaction ID : SA.874310.24.TE05
Mailing Address 1302 N STEPHEN AVE		Amount of Each Receipt this Period 5.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1049.84	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 252 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2023
Transaction ID : SA.874311.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2023
Transaction ID : SA.874327.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2023
Transaction ID : SA.874338.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 253 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 30 / 2023**
Transaction ID : SA.874348.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 30 / 2023**
Transaction ID : SA.874386.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 30 / 2023**
Transaction ID : SA.874387.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 254 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2023
Transaction ID : SA.874402.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2023
Transaction ID : SA.874404.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2023
Transaction ID : SA.874422.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 255 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2023
Transaction ID : SA.874439.24.TE05
 Amount of Each Receipt this Period
 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2023
Transaction ID : SA.874440.24.TE05
 Amount of Each Receipt this Period
 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2023
Transaction ID : SA.874467.24.TE05
 Amount of Each Receipt this Period
 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 256 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 30 / 2023**
Transaction ID : SA.874678.24.TE05
 Amount of Each Receipt this Period 6.93
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 30 / 2023**
Transaction ID : SA.874687.24.TE05
 Amount of Each Receipt this Period 7.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt **09 / 30 / 2023**
Transaction ID : SA.874701.24.TE05
 Amount of Each Receipt this Period 8.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 257 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2023
Transaction ID : SA.877561.24.TE05
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2023
Transaction ID : SA.877562.24.TE05
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2023
Transaction ID : SA.877585.24.TE05
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 258 OF 402
<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)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N STEPHEN AVE
 City CLAWSON State MI Zip Code 48017-1279
 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 ▼ 1049.84

Date of Receipt 09 / 30 / 2023
Transaction ID : SA.877739.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 07 / 06 / 2023
Transaction ID : SA.780997.24.TE05
 Amount of Each Receipt this Period 38.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 07 / 25 / 2023
Transaction ID : SA.793700.24.TE05
 Amount of Each Receipt this Period 21.79
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 259 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2023

Transaction ID : SA.793734.24.TE05

Amount of Each Receipt this Period
30.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2023

Transaction ID : SA.793737.24.TE05

Amount of Each Receipt this Period
30.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2023

Transaction ID : SA.793743.24.TE05

Amount of Each Receipt this Period
30.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 260 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2023

Transaction ID : SA.793959.24.TE05

Amount of Each Receipt this Period
35.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2023

Transaction ID : SA.794593.24.TE05

Amount of Each Receipt this Period
1.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2023

Transaction ID : SA.794594.24.TE05

Amount of Each Receipt this Period
1.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 261 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.795348.24.TE05

Amount of Each Receipt this Period 3.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.795493.24.TE05

Amount of Each Receipt this Period 3.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.795494.24.TE05

Amount of Each Receipt this Period 3.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 262 OF 402
<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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MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.795495.24.TE05

Amount of Each Receipt this Period 3.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.795496.24.TE05

Amount of Each Receipt this Period 3.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.795497.24.TE05

Amount of Each Receipt this Period 3.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 263 OF 402
<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)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.795498.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.795499.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.795500.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 264 OF 402
<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)
E-PAC

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

Mailing Address **1527 PELICAN PATH**

City THE VILLAGES	State FL	Zip Code 32162-2208
-----------------------------	--------------------	-------------------------------

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 ▼
3770.74

Date of Receipt
08 / 01 / 2023

Transaction ID : SA.795501.24.TE05

Amount of Each Receipt this Period
3.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **1527 PELICAN PATH**

City THE VILLAGES	State FL	Zip Code 32162-2208
-----------------------------	--------------------	-------------------------------

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 ▼
3770.74

Date of Receipt
08 / 01 / 2023

Transaction ID : SA.795502.24.TE05

Amount of Each Receipt this Period
3.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address **1527 PELICAN PATH**

City THE VILLAGES	State FL	Zip Code 32162-2208
-----------------------------	--------------------	-------------------------------

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 ▼
3770.74

Date of Receipt
08 / 01 / 2023

Transaction ID : SA.795503.24.TE05

Amount of Each Receipt this Period
3.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 265 OF 402
<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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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.795504.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.795505.24.TE05
 Amount of Each Receipt this Period 4.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.795798.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 266 OF 402
<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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Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.795948.24.TE05

Amount of Each Receipt this Period 6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.795949.24.TE05

Amount of Each Receipt this Period 6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.795950.24.TE05

Amount of Each Receipt this Period 6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 267 OF 402
<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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Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2023

Transaction ID : SA.795951.24.TE05

Amount of Each Receipt this Period
6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2023

Transaction ID : SA.795952.24.TE05

Amount of Each Receipt this Period
6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2023

Transaction ID : SA.795953.24.TE05

Amount of Each Receipt this Period
6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 268 OF 402
<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)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.795954.24.TE05
 Amount of Each Receipt this Period 6.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.795955.24.TE05
 Amount of Each Receipt this Period 6.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.795956.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 269 OF 402
<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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E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2023

Transaction ID : SA.795957.24.TE05

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2023

Transaction ID : SA.795958.24.TE05

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2023

Transaction ID : SA.795959.24.TE05

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 270 OF 402
<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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E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.795960.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.795961.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.795962.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 271 OF 402
<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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Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2023

Transaction ID : SA.795963.24.TE05

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

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City THE VILLAGES	State FL	Zip Code 32162-2208
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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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2023

Transaction ID : SA.795964.24.TE05

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
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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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2023

Transaction ID : SA.795965.24.TE05

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 272 OF 402
<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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Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2023

Transaction ID : SA.796092.24.TE05

Amount of Each Receipt this Period
8.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

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City THE VILLAGES	State FL	Zip Code 32162-2208
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2023

Transaction ID : SA.796093.24.TE05

Amount of Each Receipt this Period
8.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

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City THE VILLAGES	State FL	Zip Code 32162-2208
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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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2023

Transaction ID : SA.796094.24.TE05

Amount of Each Receipt this Period
8.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	8.00
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 273 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.796095.24.TE05

Amount of Each Receipt this Period 8.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.796096.24.TE05

Amount of Each Receipt this Period 6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.796097.24.TE05

Amount of Each Receipt this Period 6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 274 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.796098.24.TE05

Amount of Each Receipt this Period 6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.796099.24.TE05

Amount of Each Receipt this Period 6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.796100.24.TE05

Amount of Each Receipt this Period 6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 275 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.796101.24.TE05

Amount of Each Receipt this Period 6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.796102.24.TE05

Amount of Each Receipt this Period 6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.796103.24.TE05

Amount of Each Receipt this Period 6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 276 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.796104.24.TE05

Amount of Each Receipt this Period 6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.796248.24.TE05

Amount of Each Receipt this Period 10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.796398.24.TE05

Amount of Each Receipt this Period 10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 277 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.796709.24.TE05

Amount of Each Receipt this Period 25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.796710.24.TE05

Amount of Each Receipt this Period 25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.796852.24.TE05

Amount of Each Receipt this Period 30.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 278 OF 402
<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)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.796853.24.TE05
 Amount of Each Receipt this Period 25.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.796854.24.TE05
 Amount of Each Receipt this Period 25.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.796855.24.TE05
 Amount of Each Receipt this Period 25.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 279 OF 402
<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)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.796856.24.TE05
 Amount of Each Receipt this Period 36.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.798620.24.TE05
 Amount of Each Receipt this Period 4.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.798642.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 280 OF 402
<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)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.798643.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.798753.24.TE05
 Amount of Each Receipt this Period 4.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.798754.24.TE05
 Amount of Each Receipt this Period 4.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 281 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2023

Transaction ID : SA.798761.24.TE05

Amount of Each Receipt this Period
4.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2023

Transaction ID : SA.798767.24.TE05

Amount of Each Receipt this Period
4.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2023

Transaction ID : SA.798768.24.TE05

Amount of Each Receipt this Period
4.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 282 OF 402
<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)
E-PAC

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

Mailing Address **1527 PELICAN PATH**

City THE VILLAGES	State FL	Zip Code 32162-2208
-----------------------------	--------------------	-------------------------------

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 ▼
3770.74

Date of Receipt
08 / 08 / 2023

Transaction ID : SA.798769.24.TE05

Amount of Each Receipt this Period
4.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address **1527 PELICAN PATH**

City THE VILLAGES	State FL	Zip Code 32162-2208
-----------------------------	--------------------	-------------------------------

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 ▼
3770.74

Date of Receipt
08 / 08 / 2023

Transaction ID : SA.798771.24.TE05

Amount of Each Receipt this Period
4.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address **1527 PELICAN PATH**

City THE VILLAGES	State FL	Zip Code 32162-2208
-----------------------------	--------------------	-------------------------------

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 ▼
3770.74

Date of Receipt
08 / 08 / 2023

Transaction ID : SA.798772.24.TE05

Amount of Each Receipt this Period
4.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 283 OF 402
<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)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.798773.24.TE05
 Amount of Each Receipt this Period 4.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.798774.24.TE05
 Amount of Each Receipt this Period 4.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.798775.24.TE05
 Amount of Each Receipt this Period 4.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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 284 OF 402
<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)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.798776.24.TE05
 Amount of Each Receipt this Period 4.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.798962.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799001.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 285 OF 402
	<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799017.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799047.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799048.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 286 OF 402
<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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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799071.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799072.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799093.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 287 OF 402
<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)
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A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799094.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799095.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799096.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 288 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799235.24.TE05

Amount of Each Receipt this Period 6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799236.24.TE05

Amount of Each Receipt this Period 6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799237.24.TE05

Amount of Each Receipt this Period 6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 289 OF 402
<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)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799241.24.TE05
 Amount of Each Receipt this Period 6.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799242.24.TE05
 Amount of Each Receipt this Period 6.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799268.24.TE05
 Amount of Each Receipt this Period 8.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 290 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799269.24.TE05

Amount of Each Receipt this Period 8.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799282.24.TE05

Amount of Each Receipt this Period 9.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799283.24.TE05

Amount of Each Receipt this Period 9.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 291 OF 402
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<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)
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A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799296.24.TE05

Amount of Each Receipt this Period 9.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799297.24.TE05

Amount of Each Receipt this Period 9.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799298.24.TE05

Amount of Each Receipt this Period 9.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 292 OF 402
<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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A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799299.24.TE05

Amount of Each Receipt this Period 9.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799300.24.TE05

Amount of Each Receipt this Period 9.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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Mailing Address 1527 PELICAN PATH

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799301.24.TE05

Amount of Each Receipt this Period 9.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 9.00

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 293 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799302.24.TE05

Amount of Each Receipt this Period 9.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799303.24.TE05

Amount of Each Receipt this Period 9.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799557.24.TE05

Amount of Each Receipt this Period 10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 294 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799591.24.TE05

Amount of Each Receipt this Period 10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799613.24.TE05

Amount of Each Receipt this Period 10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799897.24.TE05

Amount of Each Receipt this Period 15.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 295 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2023

Transaction ID : SA.800044.24.TE05

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2023

Transaction ID : SA.800214.24.TE05

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2023

Transaction ID : SA.800277.24.TE05

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 296 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.800355.24.TE05

Amount of Each Receipt this Period 30.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.800470.24.TE05

Amount of Each Receipt this Period 34.65

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.800532.24.TE05

Amount of Each Receipt this Period 35.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 297 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.800555.24.TE05

Amount of Each Receipt this Period 35.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.801818.24.TE05

Amount of Each Receipt this Period 2.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.801819.24.TE05

Amount of Each Receipt this Period 2.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 298 OF 402
<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)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.806018.24.TE05
 Amount of Each Receipt this Period 2.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.806202.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.806203.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 299 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2023

Transaction ID : SA.806206.24.TE05

Amount of Each Receipt this Period
3.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2023

Transaction ID : SA.806207.24.TE05

Amount of Each Receipt this Period
3.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2023

Transaction ID : SA.806208.24.TE05

Amount of Each Receipt this Period
3.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 300 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt **08 / 15 / 2023**

Transaction ID : SA.806241.24.TE05

Amount of Each Receipt this Period 3.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt **08 / 15 / 2023**

Transaction ID : SA.806242.24.TE05

Amount of Each Receipt this Period 3.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt **08 / 15 / 2023**

Transaction ID : SA.806243.24.TE05

Amount of Each Receipt this Period 3.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 301 OF 402
<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)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.806265.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.806266.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.806267.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
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 302 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2023

Transaction ID : SA.806301.24.TE05

Amount of Each Receipt this Period
4.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
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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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2023

Transaction ID : SA.806302.24.TE05

Amount of Each Receipt this Period
4.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2023

Transaction ID : SA.806308.24.TE05

Amount of Each Receipt this Period
4.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 303 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt
08 / 15 / 2023
Transaction ID : SA.806534.24.TE05

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt
08 / 15 / 2023
Transaction ID : SA.806535.24.TE05

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt
08 / 15 / 2023
Transaction ID : SA.806536.24.TE05

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 304 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.806542.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.806543.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.806561.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 305 OF 402
<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)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.806608.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.806622.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.806623.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 306 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.806711.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.806712.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.806771.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 307 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt **08 / 15 / 2023**

Transaction ID : SA.806793.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt **08 / 15 / 2023**

Transaction ID : SA.806794.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt **08 / 15 / 2023**

Transaction ID : SA.806795.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 308 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2023

Transaction ID : SA.806796.24.TE05

Amount of Each Receipt this Period

6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2023

Transaction ID : SA.806836.24.TE05

Amount of Each Receipt this Period

6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2023

Transaction ID : SA.806837.24.TE05

Amount of Each Receipt this Period

6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 309 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.806838.24.TE05

Amount of Each Receipt this Period 6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.806845.24.TE05

Amount of Each Receipt this Period 6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.806846.24.TE05

Amount of Each Receipt this Period 6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 310 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.806847.24.TE05

Amount of Each Receipt this Period 6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.806848.24.TE05

Amount of Each Receipt this Period 6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.806854.24.TE05

Amount of Each Receipt this Period 6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 311 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2023

Transaction ID : SA.806855.24.TE05

Amount of Each Receipt this Period
6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2023

Transaction ID : SA.806856.24.TE05

Amount of Each Receipt this Period
6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2023

Transaction ID : SA.806857.24.TE05

Amount of Each Receipt this Period
6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 312 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.806890.24.TE05

Amount of Each Receipt this Period 8.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.806891.24.TE05

Amount of Each Receipt this Period 8.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.806892.24.TE05

Amount of Each Receipt this Period 8.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 313 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.807149.24.TE05

Amount of Each Receipt this Period 10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.807150.24.TE05

Amount of Each Receipt this Period 10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.807151.24.TE05

Amount of Each Receipt this Period 10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 314 OF 402
<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)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.807155.24.TE05
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.807156.24.TE05
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.807157.24.TE05
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 315 OF 402
<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)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.807158.24.TE05
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.807211.24.TE05
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.807369.24.TE05
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 316 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt **08 / 15 / 2023**

Transaction ID : SA.807560.24.TE05

Amount of Each Receipt this Period 20.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt **08 / 15 / 2023**

Transaction ID : SA.807662.24.TE05

Amount of Each Receipt this Period 25.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt **08 / 15 / 2023**

Transaction ID : SA.807677.24.TE05

Amount of Each Receipt this Period 25.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 317 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.807681.24.TE05

Amount of Each Receipt this Period 25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.807707.24.TE05

Amount of Each Receipt this Period 30.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.807905.24.TE05

Amount of Each Receipt this Period 36.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 318 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.807910.24.TE05

Amount of Each Receipt this Period 38.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.807911.24.TE05

Amount of Each Receipt this Period 38.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811126.24.TE05

Amount of Each Receipt this Period 1.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 319 OF 402
<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)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811137.24.TE05
 Amount of Each Receipt this Period 4.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811145.24.TE05
 Amount of Each Receipt this Period 4.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811146.24.TE05
 Amount of Each Receipt this Period 4.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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 320 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811150.24.TE05

Amount of Each Receipt this Period 4.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811152.24.TE05

Amount of Each Receipt this Period 4.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811348.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 321 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811349.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811398.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811399.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 322 OF 402
<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)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811400.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811401.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811402.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 323 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt **08 / 22 / 2023**

Transaction ID : SA.811403.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt **08 / 22 / 2023**

Transaction ID : SA.811419.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt **08 / 22 / 2023**

Transaction ID : SA.811420.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 324 OF 402
<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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E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811425.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811426.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811443.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 325 OF 402
<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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MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811444.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811458.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811459.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 326 OF 402
<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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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811489.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811573.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811593.24.TE05
 Amount of Each Receipt this Period 6.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 327 OF 402
<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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MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811594.24.TE05

Amount of Each Receipt this Period 6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811595.24.TE05

Amount of Each Receipt this Period 6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811596.24.TE05

Amount of Each Receipt this Period 6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 328 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2023

Transaction ID : SA.811622.24.TE05

Amount of Each Receipt this Period
8.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2023

Transaction ID : SA.811623.24.TE05

Amount of Each Receipt this Period
8.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2023

Transaction ID : SA.811660.24.TE05

Amount of Each Receipt this Period
9.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 329 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2023

Transaction ID : SA.811661.24.TE05

Amount of Each Receipt this Period
9.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2023

Transaction ID : SA.811664.24.TE05

Amount of Each Receipt this Period
9.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2023

Transaction ID : SA.811665.24.TE05

Amount of Each Receipt this Period
9.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	9.00
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 330 OF 402
<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)
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A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt **08 / 22 / 2023**

Transaction ID : SA.811666.24.TE05

Amount of Each Receipt this Period 9.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt **08 / 22 / 2023**

Transaction ID : SA.811682.24.TE05

Amount of Each Receipt this Period 9.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt **08 / 22 / 2023**

Transaction ID : SA.811684.24.TE05

Amount of Each Receipt this Period 9.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 9.00

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 331 OF 402
<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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A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811685.24.TE05
 Amount of Each Receipt this Period 9.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811689.24.TE05
 Amount of Each Receipt this Period 9.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811690.24.TE05
 Amount of Each Receipt this Period 9.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	9.00
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 332 OF 402
<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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A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811917.24.TE05

Amount of Each Receipt this Period 10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811918.24.TE05

Amount of Each Receipt this Period 10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.811919.24.TE05

Amount of Each Receipt this Period 10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 333 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2023

Transaction ID : SA.811920.24.TE05

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2023

Transaction ID : SA.811944.24.TE05

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2023

Transaction ID : SA.811945.24.TE05

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 334 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt **08 / 22 / 2023**

Transaction ID : SA.812050.24.TE05

Amount of Each Receipt this Period 10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt **08 / 22 / 2023**

Transaction ID : SA.812145.24.TE05

Amount of Each Receipt this Period 10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt **08 / 22 / 2023**

Transaction ID : SA.812458.24.TE05

Amount of Each Receipt this Period 25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 335 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.812494.24.TE05

Amount of Each Receipt this Period 30.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.812576.24.TE05

Amount of Each Receipt this Period 34.65

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.812597.24.TE05

Amount of Each Receipt this Period 34.65

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 336 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.812673.24.TE05

Amount of Each Receipt this Period 35.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.812717.24.TE05

Amount of Each Receipt this Period 35.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 22 / 2023
Transaction ID : SA.812720.24.TE05

Amount of Each Receipt this Period 36.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 337 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt **08 / 22 / 2023**

Transaction ID : SA.812793.24.TE05

Amount of Each Receipt this Period 47.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt **08 / 22 / 2023**

Transaction ID : SA.812913.24.TE05

Amount of Each Receipt this Period 50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt **08 / 22 / 2023**

Transaction ID : SA.812922.24.TE05

Amount of Each Receipt this Period 50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 338 OF 402
<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)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt **08 / 29 / 2023**
Transaction ID : SA.824803.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt **08 / 29 / 2023**
Transaction ID : SA.824805.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt **08 / 29 / 2023**
Transaction ID : SA.824806.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 339 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023

Transaction ID : SA.824807.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023

Transaction ID : SA.824808.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023

Transaction ID : SA.824825.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 340 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2023

Transaction ID : SA.824826.24.TE05

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2023

Transaction ID : SA.824827.24.TE05

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2023

Transaction ID : SA.824828.24.TE05

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 341 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.824829.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.824862.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.824888.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 342 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2023

Transaction ID : SA.824898.24.TE05

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2023

Transaction ID : SA.824899.24.TE05

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2023

Transaction ID : SA.824900.24.TE05

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 343 OF 402
<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)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.824901.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.824902.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.825173.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 344 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2023

Transaction ID : SA.825174.24.TE05

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2023

Transaction ID : SA.825175.24.TE05

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2023

Transaction ID : SA.825176.24.TE05

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 345 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.825177.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.825185.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.825936.24.TE05

Amount of Each Receipt this Period 10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 346 OF 402
<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)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.825937.24.TE05
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.825938.24.TE05
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.825967.24.TE05
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 347 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.825977.24.TE05

Amount of Each Receipt this Period 10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.825978.24.TE05

Amount of Each Receipt this Period 10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.825979.24.TE05

Amount of Each Receipt this Period 10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 348 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2023

Transaction ID : SA.826019.24.TE05

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2023

Transaction ID : SA.826020.24.TE05

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2023

Transaction ID : SA.826021.24.TE05

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 349 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2023

Transaction ID : SA.826022.24.TE05

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2023

Transaction ID : SA.826023.24.TE05

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2023

Transaction ID : SA.826072.24.TE05

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 350 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.826273.24.TE05

Amount of Each Receipt this Period 10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.826274.24.TE05

Amount of Each Receipt this Period 10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.826304.24.TE05

Amount of Each Receipt this Period 10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 351 OF 402
<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)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MIRABILE, LORRAINE, F., ,		Date of Receipt MM / DD / YYYY 08 / 29 / 2023
Mailing Address 1527 PELICAN PATH		Transaction ID : SA.826305.24.TE05
City THE VILLAGES	State FL	Zip Code 32162-2208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3770.74	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MIRABILE, LORRAINE, F., ,		Date of Receipt MM / DD / YYYY 08 / 29 / 2023
Mailing Address 1527 PELICAN PATH		Transaction ID : SA.826393.24.TE05
City THE VILLAGES	State FL	Zip Code 32162-2208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3770.74	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MIRABILE, LORRAINE, F., ,		Date of Receipt MM / DD / YYYY 08 / 29 / 2023
Mailing Address 1527 PELICAN PATH		Transaction ID : SA.826394.24.TE05
City THE VILLAGES	State FL	Zip Code 32162-2208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 3770.74	TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 352 OF 402
<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)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.826398.24.TE05
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.826399.24.TE05
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.826400.24.TE05
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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 353 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023

Transaction ID : SA.826436.24.TE05

Amount of Each Receipt this Period 15.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023

Transaction ID : SA.826479.24.TE05

Amount of Each Receipt this Period 15.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023

Transaction ID : SA.826480.24.TE05

Amount of Each Receipt this Period 15.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 354 OF 402
<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)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.826981.24.TE05
 Amount of Each Receipt this Period 30.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.826982.24.TE05
 Amount of Each Receipt this Period 30.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.826983.24.TE05
 Amount of Each Receipt this Period 30.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
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 355 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023

Transaction ID : SA.826984.24.TE05

Amount of Each Receipt this Period 30.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023

Transaction ID : SA.827679.24.TE05

Amount of Each Receipt this Period 36.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023

Transaction ID : SA.827704.24.TE05

Amount of Each Receipt this Period 36.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 356 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		29		2023

Transaction ID : SA.827720.24.TE05

Amount of Each Receipt this Period
36.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		29		2023

Transaction ID : SA.827800.24.TE05

Amount of Each Receipt this Period
50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		29		2023

Transaction ID : SA.827803.24.TE05

Amount of Each Receipt this Period
50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 357 OF 402
<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)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.827807.24.TE05
 Amount of Each Receipt this Period 50.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.827844.24.TE05
 Amount of Each Receipt this Period 50.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 08 / 29 / 2023
Transaction ID : SA.827975.24.TE05
 Amount of Each Receipt this Period 100.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 358 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 09 / 05 / 2023
Transaction ID : SA.830596.24.TE05

Amount of Each Receipt this Period 2.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 09 / 05 / 2023
Transaction ID : SA.830597.24.TE05

Amount of Each Receipt this Period 2.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 09 / 05 / 2023
Transaction ID : SA.830699.24.TE05

Amount of Each Receipt this Period 2.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 359 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 09 / 05 / 2023
Transaction ID : SA.831603.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 09 / 05 / 2023
Transaction ID : SA.831604.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 09 / 05 / 2023
Transaction ID : SA.831605.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 360 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 09 / 05 / 2023
Transaction ID : SA.831606.24.TE05

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 09 / 05 / 2023
Transaction ID : SA.832472.24.TE05

Amount of Each Receipt this Period 10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 09 / 05 / 2023
Transaction ID : SA.832994.24.TE05

Amount of Each Receipt this Period 20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 361 OF 402
<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)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 09 / 12 / 2023
Transaction ID : SA.839146.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 09 / 12 / 2023
Transaction ID : SA.839147.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 09 / 12 / 2023
Transaction ID : SA.839148.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 362 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 09 / 12 / 2023
Transaction ID : SA.839149.24.TE05

Amount of Each Receipt this Period 3.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 09 / 12 / 2023
Transaction ID : SA.839150.24.TE05

Amount of Each Receipt this Period 3.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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 ▼ 3770.74

Date of Receipt 09 / 12 / 2023
Transaction ID : SA.839208.24.TE05

Amount of Each Receipt this Period 4.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 363 OF 402
<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)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 09 / 12 / 2023
Transaction ID : SA.839808.24.TE05
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 09 / 12 / 2023
Transaction ID : SA.839982.24.TE05
 Amount of Each Receipt this Period 6.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt 09 / 12 / 2023
Transaction ID : SA.839983.24.TE05
 Amount of Each Receipt this Period 6.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 364 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2023

Transaction ID : SA.839984.24.TE05

Amount of Each Receipt this Period
6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2023

Transaction ID : SA.839985.24.TE05

Amount of Each Receipt this Period
6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2023

Transaction ID : SA.840055.24.TE05

Amount of Each Receipt this Period
9.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 365 OF 402
<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)
E-PAC

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2023

Transaction ID : SA.840056.24.TE05

Amount of Each Receipt this Period
9.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2023

Transaction ID : SA.840850.24.TE05

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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 ▼
3770.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2023

Transaction ID : SA.841402.24.TE05

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 366 OF 402
<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)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 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 ▼ 3770.74

Date of Receipt **09 / 12 / 2023**
Transaction ID : SA.842042.24.TE05
 Amount of Each Receipt this Period 35.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. SEMCER, FRANK, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27603 RIVERBANK DR.
 City BONITA SPRINGS State FL Zip Code 34134-2645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MICRO STAMPING CORP Occupation (for Individual) EXEC MEDICAL DEVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **07 / 18 / 2023**
Transaction ID : SA.788986.24.TE05
 Amount of Each Receipt this Period 1980.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. SEMCER, FRANK, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27603 RIVERBANK DR.
 City BONITA SPRINGS State FL Zip Code 34134-2645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MICRO STAMPING CORP Occupation (for Individual) EXEC MEDICAL DEVICES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **08 / 22 / 2023**
Transaction ID : SA.877467.24.TE05
 Amount of Each Receipt this Period 410.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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 367 OF 402
<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)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WIPPERMAN, LARRY, , ,

Mailing Address PO BOX 1363

City KAPAAU State HI Zip Code 96755-1363

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 ▼ 1321.07

Date of Receipt 07 / 14 / 2023
Transaction ID : SA.786306.24.TE05

Amount of Each Receipt this Period 3.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WIPPERMAN, LARRY, , ,

Mailing Address PO BOX 1363

City KAPAAU State HI Zip Code 96755-1363

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 ▼ 1321.07

Date of Receipt 07 / 14 / 2023
Transaction ID : SA.787010.24.TE05

Amount of Each Receipt this Period 14.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WIPPERMAN, LARRY, , ,

Mailing Address PO BOX 1363

City KAPAAU State HI Zip Code 96755-1363

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 ▼ 1321.07

Date of Receipt 07 / 25 / 2023
Transaction ID : SA.793450.24.TE05

Amount of Each Receipt this Period 15.62

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 368 OF 402
<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)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WIPPERMAN, LARRY, , ,

Mailing Address PO BOX 1363

City KAPAAU State HI Zip Code 96755-1363

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 ▼ 1321.07

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.796169.24.TE05

Amount of Each Receipt this Period 7.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WIPPERMAN, LARRY, , ,

Mailing Address PO BOX 1363

City KAPAAU State HI Zip Code 96755-1363

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 ▼ 1321.07

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.796170.24.TE05

Amount of Each Receipt this Period 7.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WIPPERMAN, LARRY, , ,

Mailing Address PO BOX 1363

City KAPAAU State HI Zip Code 96755-1363

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 ▼ 1321.07

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.796610.24.TE05

Amount of Each Receipt this Period 15.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 369 OF 402
<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)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WIPPERMAN, LARRY, , ,

Mailing Address PO BOX 1363

City KAPAAU State HI Zip Code 96755-1363

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 ▼ 1321.07

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.796611.24.TE05

Amount of Each Receipt this Period 15.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WIPPERMAN, LARRY, , ,

Mailing Address PO BOX 1363

City KAPAAU State HI Zip Code 96755-1363

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 ▼ 1321.07

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.796612.24.TE05

Amount of Each Receipt this Period 14.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WIPPERMAN, LARRY, , ,

Mailing Address PO BOX 1363

City KAPAAU State HI Zip Code 96755-1363

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 ▼ 1321.07

Date of Receipt 08 / 01 / 2023
Transaction ID : SA.796787.24.TE05

Amount of Each Receipt this Period 25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 370 OF 402
<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)
E-PAC

A. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 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 ▼ 1321.07

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799909.24.TE05
 Amount of Each Receipt this Period 15.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 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 ▼ 1321.07

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.806268.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 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 ▼ 1321.07

Date of Receipt 08 / 15 / 2023
Transaction ID : SA.806272.24.TE05
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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 371 OF 402
<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)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. WIPPERMAN, LARRY, , ,		Date of Receipt MM / DD / YYYY 08 / 15 / 2023
Mailing Address PO BOX 1363		Transaction ID : SA.807323.24.TE05
City KAPAAU	State HI	Zip Code 96755-1363
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1321.07	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WIPPERMAN, LARRY, , ,		Date of Receipt MM / DD / YYYY 08 / 15 / 2023
Mailing Address PO BOX 1363		Transaction ID : SA.807334.24.TE05
City KAPAAU	State HI	Zip Code 96755-1363
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1321.07	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. WIPPERMAN, LARRY, , ,		Date of Receipt MM / DD / YYYY 08 / 15 / 2023
Mailing Address PO BOX 1363		Transaction ID : SA.807335.24.TE05
City KAPAAU	State HI	Zip Code 96755-1363
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1321.07	TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 372 OF 402
<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)
E-PAC

A. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 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 ▼ 1321.07

Date of Receipt
 08 / 15 / 2023
Transaction ID : SA.807448.24.TE05
 Amount of Each Receipt this Period 14.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 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 ▼ 1321.07

Date of Receipt
 08 / 15 / 2023
Transaction ID : SA.807452.24.TE05
 Amount of Each Receipt this Period 14.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 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 ▼ 1321.07

Date of Receipt
 08 / 29 / 2023
Transaction ID : SA.826374.24.TE05
 Amount of Each Receipt this Period 14.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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 373 OF 402
<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)
E-PAC

A. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 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 ▼ 1321.07

Date of Receipt 09 / 12 / 2023
Transaction ID : SA.840958.24.TE05
 Amount of Each Receipt this Period 15.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 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 ▼ 1321.07

Date of Receipt 09 / 12 / 2023
Transaction ID : SA.840997.24.TE05
 Amount of Each Receipt this Period 15.62
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1363
 City KAPAAU State HI Zip Code 96755-1363
 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 ▼ 1321.07

Date of Receipt 09 / 26 / 2023
Transaction ID : SA.869575.24.TE05
 Amount of Each Receipt this Period 15.62
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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 374 OF 402
<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)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WIPPERMAN, LARRY, , ,

Mailing Address **PO BOX 1363**

City **KAPAAU** State **HI** Zip Code **96755-1363**

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 ▼ **1321.07**

Date of Receipt **09 / 30 / 2023**

Transaction ID : SA.875443.24.TE05

Amount of Each Receipt this Period **15.62**

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	57524.34

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)

E-PAC

Full Name (Last, First, Middle Initial)

A. GOOGLE

Mailing Address 1600 AMPHITHEATRE PARKWAY

City
MOUNTAIN VIEW

State
CA

Zip Code
94043

Purpose of Disbursement

WEB SERVICE

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	3			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB.548855

Amount of Each Disbursement this Period

[REDACTED]	24.00
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

B. NORTH COUNTRY STRATEGIES LLC

Mailing Address 16 NORTHERN PINES ROAD

City
GANSEVOORT

State
NY

Zip Code
12831

Purpose of Disbursement

TRAVEL/OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB.548853

Amount of Each Disbursement this Period

[REDACTED]	954.34
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

C. RED SPARK STRATEGY

Mailing Address PO BOX 1269

City
ANNANDALE

State
VA

Zip Code
22003

Purpose of Disbursement

DIGITAL CONSULTING

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB.548827

Amount of Each Disbursement this Period

[REDACTED]	2048.32
------------	---------

Memo Item

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

[REDACTED]	3026.66
------------	---------

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

[REDACTED]	
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

E-PAC

Full Name (Last, First, Middle Initial)

A. RED SPARK STRATEGY

Mailing Address PO BOX 1269

City
ANNANDALE

State
VA

Zip Code
22003

Purpose of Disbursement
DIGITAL CONSULTING

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	7		0	5		2	0	2	3

FEC Identification Number

C

Transaction ID : SB.548828

Amount of Each Disbursement this Period

4266.32

Memo Item

Full Name (Last, First, Middle Initial)

B. COMPLIANCE CONSULTING CO OF VIRGINIA LLC

Mailing Address PO BOX 365

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
COMPLIANCE CONSULTING

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	7		0	7		2	0	2	3

FEC Identification Number

C

Transaction ID : SB.548796

Amount of Each Disbursement this Period

1250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR

City
DALLAS

State
TX

Zip Code
75201

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

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	7		1	1		2	0	2	3

FEC Identification Number

C

Transaction ID : SB.548819

Amount of Each Disbursement this Period

21.23

Memo Item

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

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

5537.55

**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)

E-PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT SVC

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2023

FEC Identification Number

C
Transaction ID : SB.548823
 Amount of Each Disbursement this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD #530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement CREDIT CARD MERCHANT FEES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2023

FEC Identification Number

C
Transaction ID : SB.548801
 Amount of Each Disbursement this Period
 215.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BLACK DOG CONSULTING LLC

Mailing Address 4611 3RD STREET S

City ARLINGTON State VA Zip Code 22204

Purpose of Disbursement POLITICAL STRATEGY CONSULTING/FOOD/BEVERAGES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2023

FEC Identification Number

C
Transaction ID : SB.548847
 Amount of Each Disbursement this Period
 2510.30

Memo Item

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

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

2975.30

**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)
E-PAC

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC		Date of Disbursement MM / DD / YYYY 07 / 14 / 2023
Mailing Address 1776 WILSON BLVD #530		FEC Identification Number C [REDACTED] Transaction ID : SB.548802
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Amount of Each Disbursement this Period 43.97
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. CAPITOL HILL CLUB		Date of Disbursement MM / DD / YYYY 07 / 17 / 2023
Mailing Address 300 FIRST STREET SE		FEC Identification Number C [REDACTED] Transaction ID : SB.548831
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement FOOD/BEVERAGES		Amount of Each Disbursement this Period 142.81
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC		Date of Disbursement MM / DD / YYYY 07 / 18 / 2023
Mailing Address 1776 WILSON BLVD #530		FEC Identification Number C [REDACTED] Transaction ID : SB.548803
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Amount of Each Disbursement this Period 12.68
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	199.46
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)
E-PAC

A. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR

City DALLAS State TX Zip Code 75201

Purpose of Disbursement CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 19 / 2023

FEC Identification Number C

Transaction ID : SB.548820

Amount of Each Disbursement this Period 131.16

Memo Item

B. COMPLIANCE CONSULTING CO OF VIRGINIA LLC

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 19 / 2023

FEC Identification Number C

Transaction ID : SB.548797

Amount of Each Disbursement this Period 1250.00

Memo Item

C. TRUIST

Full Name (Last, First, Middle Initial)

Mailing Address 2200 WILSON BLVD SUITE 100

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 21 / 2023

FEC Identification Number C

Transaction ID : SB.548790

Amount of Each Disbursement this Period 15.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1396.16

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)
E-PAC

A. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR

City DALLAS State TX Zip Code 75201

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 25 / 2023

FEC Identification Number: C
Transaction ID : SB.548821

Amount of Each Disbursement this Period: 23.08

Memo Item

B. WINRED TECHNICAL SERVICES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD #530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 25 / 2023

FEC Identification Number: C
Transaction ID : SB.548804

Amount of Each Disbursement this Period: 45.83

Memo Item

C. INTUIT

Full Name (Last, First, Middle Initial)

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 26 / 2023

FEC Identification Number: C
Transaction ID : SB.548848

Amount of Each Disbursement this Period: 55.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 123.91

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)

E-PAC

Full Name (Last, First, Middle Initial)

A. SLEEM, EYAD, , ,

Mailing Address PO BOX 500

City
GLENS FALLS

State
NY

Zip Code
12801

Purpose of Disbursement

INTERN STIPEND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB.548837

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD #530

City
ARLINGTON

State
VA

Zip Code
22209

Purpose of Disbursement

CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB.548805

Amount of Each Disbursement this Period

[REDACTED] 204.21

Memo Item

Full Name (Last, First, Middle Initial)

C. BLACK DOG CONSULTING LLC

Mailing Address 4611 3RD STREET S

City
ARLINGTON

State
VA

Zip Code
22204

Purpose of Disbursement

POLITICAL STRATEGY CONSULTING/FINANCE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB.548846

Amount of Each Disbursement this Period

[REDACTED] 2103.75

Memo Item

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

[REDACTED] 3307.96

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
E-PAC

A. GOOGLE

Full Name (Last, First, Middle Initial)

Mailing Address 1600 AMPHITHEATRE PARKWAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 02 / 2023

FEC Identification Number: C

Transaction ID : SB.548856

Amount of Each Disbursement this Period: 24.00

Memo Item

B. KIPRILOV, NICOLE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 27 FLOWER LANE

City MANHASSET State NY Zip Code 11030

Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 03 / 2023

FEC Identification Number: C

Transaction ID : SB.548829

Amount of Each Disbursement this Period: 1516.13

Memo Item

C. BLACK DOG CONSULTING LLC

Full Name (Last, First, Middle Initial)

Mailing Address 4611 3RD STREET S

City ARLINGTON State VA Zip Code 22204

Purpose of Disbursement
COLLATERAL MATERIALS- SHIRTS/STICKERS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 07 / 2023

FEC Identification Number: C

Transaction ID : SB.548795

Amount of Each Disbursement this Period: 12914.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 14454.13

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)
E-PAC

A. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR

City DALLAS State TX Zip Code 75201

Purpose of Disbursement CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 08 / 08 / 2023

FEC Identification Number C

Transaction ID : SB.548822

Amount of Each Disbursement this Period 80.30

Memo Item

B. GRV STRATEGIES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 731 SEATON AVENUE UNIT 309

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 08 / 08 / 2023

FEC Identification Number C

Transaction ID : SB.548844

Amount of Each Disbursement this Period 1000.00

Memo Item

C. WINRED TECHNICAL SERVICES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD #530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 08 / 08 / 2023

FEC Identification Number C

Transaction ID : SB.548806

Amount of Each Disbursement this Period 125.98

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1206.28

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)

E-PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT SVC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 09 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB.548824

Amount of Each Disbursement this Period

[REDACTED] 250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HARVARD CLUB OF NEW YORK CITY

Mailing Address PO BOX 9486

City NEW YORK State NY Zip Code 10087

Purpose of Disbursement TRAVEL/REGISTRATION FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB.548854

Amount of Each Disbursement this Period

[REDACTED] 1211.78

Memo Item

Full Name (Last, First, Middle Initial)

C. CAPITOL HILL CLUB

Mailing Address 300 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB.548832

Amount of Each Disbursement this Period

[REDACTED] 228.12

Memo Item

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

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

[REDACTED] 1689.90

[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)
E-PAC

A. SLEEM, EYAD, , ,

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 500

City GLENS FALLS State NY Zip Code 12801

Purpose of Disbursement
INTERN STIPEND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 18 / 2023

FEC Identification Number: C
Transaction ID : SB.548838

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. WINRED TECHNICAL SERVICES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD #530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 18 / 2023

FEC Identification Number: C
Transaction ID : SB.548807

Amount of Each Disbursement this Period: 44.72

Memo Item

C. COMPLIANCE CONSULTING CO OF VIRGINIA LLC

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 21 / 2023

FEC Identification Number: C
Transaction ID : SB.548798

Amount of Each Disbursement this Period: 1250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2294.72

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)
E-PAC

A. TRUIST

Full Name (Last, First, Middle Initial)

Mailing Address 2200 WILSON BLVD SUITE 100

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement
BANK FEES

Candidate Name

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

State: District:

Date of Disbursement: 08 / 21 / 2023

FEC Identification Number: C
Transaction ID : SB.548791

Amount of Each Disbursement this Period: 15.00

Memo Item

B. WINRED TECHNICAL SERVICES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD #530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

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

State: District:

Date of Disbursement: 08 / 22 / 2023

FEC Identification Number: C
Transaction ID : SB.548808

Amount of Each Disbursement this Period: 86.38

Memo Item

C. NORTH COUNTRY STRATEGIES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 16 NORTHERN PINES ROAD

City GANSEVOORT State NY Zip Code 12831

Purpose of Disbursement
CATERING/TRAVEL/FLORAL SERVICE

Candidate Name

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

State: District:

Date of Disbursement: 08 / 25 / 2023

FEC Identification Number: C
Transaction ID : SB.548794

Amount of Each Disbursement this Period: 16628.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 16729.38

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)
E-PAC

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2023

FEC Identification Number

C

Transaction ID : SB.548849

Amount of Each Disbursement this Period

60.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD #530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 29 / 2023

FEC Identification Number

C

Transaction ID : SB.548809

Amount of Each Disbursement this Period

132.57

Memo Item

Full Name (Last, First, Middle Initial)

C. RED SPARK STRATEGY

Mailing Address PO BOX 1269

City ANNANDALE State VA Zip Code 22003

Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2023

FEC Identification Number

C

Transaction ID : SB.548830

Amount of Each Disbursement this Period

2057.29

Memo Item

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

2249.86

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)
E-PAC

Full Name (Last, First, Middle Initial) A. GOOGLE		Date of Disbursement MM / DD / YYYY 09 / 05 / 2023
Mailing Address 1600 AMPHITHEATRE PARKWAY		FEC Identification Number C [] Transaction ID : SB.548857
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement WEB SERVICE		Amount of Each Disbursement this Period [] 24.00
Candidate Name		Category/Type []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: [] District: []	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. GRV STRATEGIES LLC		Date of Disbursement MM / DD / YYYY 09 / 05 / 2023
Mailing Address 731 SEATON AVENUE UNIT 309		FEC Identification Number C [] Transaction ID : SB.548843
City ALEXANDRIA	State VA	Zip Code 22305
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Amount of Each Disbursement this Period [] 1000.00
Candidate Name		Category/Type []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: [] District: []	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. NORTH COUNTRY STRATEGIES LLC		Date of Disbursement MM / DD / YYYY 09 / 05 / 2023
Mailing Address 16 NORTHERN PINES ROAD		FEC Identification Number C [] Transaction ID : SB.548842
City GANSEVOORT	State NY	Zip Code 12831
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Amount of Each Disbursement this Period [] 3000.00
Candidate Name		Category/Type []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: [] District: []	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 4024.00
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)

E-PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD #530

City
ARLINGTON

State
VA

Zip Code
22209

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB.548810

Amount of Each Disbursement this Period

[REDACTED] 308.90

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD STE 400

City
TYSONS CORNER

State
VA

Zip Code
22182

Purpose of Disbursement
DATABASE MANAGEMENT SVC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB.548825

Amount of Each Disbursement this Period

[REDACTED] 250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD #530

City
ARLINGTON

State
VA

Zip Code
22209

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB.548811

Amount of Each Disbursement this Period

[REDACTED] 199.64

Memo Item

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

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

[REDACTED] 758.54

[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)
E-PAC

Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB		Date of Disbursement MM / DD / YYYY 09 / 18 / 2023
Mailing Address 300 FIRST STREET SE		FEC Identification Number C [] Transaction ID : SB.548833
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement FOOD/BEVERAGES		Amount of Each Disbursement this Period [] 70.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: []	District: []	

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC		Date of Disbursement MM / DD / YYYY 09 / 19 / 2023
Mailing Address 1776 WILSON BLVD #530		FEC Identification Number C [] Transaction ID : SB.548812
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Amount of Each Disbursement this Period [] 244.54
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: []	District: []	

Full Name (Last, First, Middle Initial) C. TRUIST		Date of Disbursement MM / DD / YYYY 09 / 21 / 2023
Mailing Address 2200 WILSON BLVD SUITE 100		FEC Identification Number C [] Transaction ID : SB.548792
City ARLINGTON	State VA	Zip Code 22201
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period [] 15.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: []	District: []	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 329.54
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)
E-PAC

Full Name (Last, First, Middle Initial)

A. UBER EATS

Mailing Address 1455 MARKET STREET STE 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB.548834

Amount of Each Disbursement this Period

[REDACTED] 61.05

Memo Item

Full Name (Last, First, Middle Initial)

B. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB.548850

Amount of Each Disbursement this Period

[REDACTED] 60.00

Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD #530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB.548813

Amount of Each Disbursement this Period

[REDACTED] 354.08

Memo Item

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

[REDACTED] 475.13

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

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

E-PAC

Full Name (Last, First, Middle Initial)

A. GOOGLE

Mailing Address 1600 AMPHITHEATRE PARKWAY

City
MOUNTAIN VIEW

State
CA

Zip Code
94043

Purpose of Disbursement

WEB SERVICE

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB.548858

Amount of Each Disbursement this Period

[REDACTED] 24.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD #530

City
ARLINGTON

State
VA

Zip Code
22209

Purpose of Disbursement

CREDIT CARD MERCHANT FEES

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB.548814

Amount of Each Disbursement this Period

[REDACTED] 31.08

Memo Item

Full Name (Last, First, Middle Initial)

C. SLEEM, EYAD, , ,

Mailing Address PO BOX 500

City
GLENS FALLS

State
NY

Zip Code
12801

Purpose of Disbursement

INTERN STIPEND

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB.548839

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

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

[REDACTED] 1055.08

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

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

E-PAC

Full Name (Last, First, Middle Initial)

A. GRV STRATEGIES LLC

Mailing Address 731 SEATON AVENUE UNIT 309

City
ALEXANDRIA

State
VA

Zip Code
22305

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB.548840

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. COMPLIANCE CONSULTING CO OF VIRGINIA LLC

Mailing Address PO BOX 365

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB.548799

Amount of Each Disbursement this Period

[REDACTED] 1250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. REPUBLIC STRATEGIES

Mailing Address 611 PENNSYLVANIA AVE SUITE 396

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
FOOD/BEVERAGES/TRAVEL/DELIVERY

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB.548836

Amount of Each Disbursement this Period

[REDACTED] 6102.30

Memo Item

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

[REDACTED] 8352.30

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

E-PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD #530

City
ARLINGTON

State
VA

Zip Code
22209

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2023			

FEC Identification Number

C [Redacted]

Transaction ID : SB.548815

Amount of Each Disbursement this Period

[Redacted] 417.36

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD STE 400

City
TYSONS CORNER

State
VA

Zip Code
22182

Purpose of Disbursement
DATABASE MANAGEMENT SVC

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2023			

FEC Identification Number

C [Redacted]

Transaction ID : SB.548826

Amount of Each Disbursement this Period

[Redacted] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. NORTH COUNTRY STRATEGIES LLC

Mailing Address 16 NORTHERN PINES ROAD

City
GANSEVOORT

State
NY

Zip Code
12831

Purpose of Disbursement
TRAVEL/FOOD/BEVERAGES

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			12			2023			

FEC Identification Number

C [Redacted]

Transaction ID : SB.548852

Amount of Each Disbursement this Period

[Redacted] 3677.44

Memo Item

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

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

[Redacted] 4594.80

[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)

E-PAC

Full Name (Last, First, Middle Initial)

A. ASREWAY ADVISING LLC

Mailing Address 1010 HALF STREET SE APT #366

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

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
10			16			2023			

FEC Identification Number

C

Transaction ID : SB.548845

Amount of Each Disbursement this Period

4928.58

Memo Item

Full Name (Last, First, Middle Initial)

B. COMPLIANCE CONSULTING CO OF VIRGINIA LLC

Mailing Address PO BOX 365

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
COMPLIANCE CONSULTING

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
10			16			2023			

FEC Identification Number

C

Transaction ID : SB.548800

Amount of Each Disbursement this Period

1250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CAPITOL HILL CLUB

Mailing Address 300 FIRST STREET SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
FOOD/BEVERAGES

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
10			17			2023			

FEC Identification Number

C

Transaction ID : SB.548835

Amount of Each Disbursement this Period

76.06

Memo Item

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

6254.64

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)

E-PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD #530

City
ARLINGTON

State
VA

Zip Code
22209

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB.548816

Amount of Each Disbursement this Period

[REDACTED] 368.50

Memo Item

Full Name (Last, First, Middle Initial)

B. TRUIST

Mailing Address 2200 WILSON BLVD SUITE 100

City
ARLINGTON

State
VA

Zip Code
22201

Purpose of Disbursement
BANK FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB.548793

Amount of Each Disbursement this Period

[REDACTED] 15.00

Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD #530

City
ARLINGTON

State
VA

Zip Code
22209

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB.548817

Amount of Each Disbursement this Period

[REDACTED] 35.31

Memo Item

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

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

[REDACTED] 418.81

[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)
E-PAC

A. INTUIT

Full Name (Last, First, Middle Initial)

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 26 / 2023

FEC Identification Number: C

Transaction ID : SB.548851

Amount of Each Disbursement this Period: 60.00

Memo Item

B. WILEY REIN LLP

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 800

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 30 / 2023

FEC Identification Number: C

Transaction ID : SB.548841

Amount of Each Disbursement this Period: 2500.00

Memo Item

C. WINRED TECHNICAL SERVICES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD #530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2023

FEC Identification Number: C

Transaction ID : SB.548818

Amount of Each Disbursement this Period: 222.31

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2782.31

TOTAL This Period (last page this line number only)..... ▶ 84236.42

**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)

E-PAC

Full Name (Last, First, Middle Initial)

A. NEW YORK STATE CONSERVATIVE PARTY

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	2	3

Mailing Address 486 78TH STREET

FEC Identification Number

C	C00282343
---	-----------

Transaction ID : SB.548860

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

Memo Item

City BROOKLYN	State NY	Zip Code 11209
------------------	-------------	-------------------

Purpose of Disbursement

CONTRIBUTION

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

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

State: District:

Full Name (Last, First, Middle Initial)

B. NRCC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	2	3

Mailing Address 320 FIRST STREET SE

FEC Identification Number

C	C00075820
---	-----------

Transaction ID : SB.548862

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

BUILDING FUND

Memo Item

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement

CONTRIBUTION BUILDING FUND

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

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

State: District:

Full Name (Last, First, Middle Initial)

C. NRCC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	2	3

Mailing Address 320 FIRST STREET SE

FEC Identification Number

C	C00075820
---	-----------

Transaction ID : SB.548864

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

LEGAL FUND

Memo Item

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement

CONTRIBUTION LEGAL FUND

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

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

State: District:

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

3	1	5	0	0	0
---	---	---	---	---	---

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

3	1	5	0	0	0
---	---	---	---	---	---

**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)
E-PAC

Full Name (Last, First, Middle Initial)

A. NRCC

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
CONTRIBUTION LEGAL FUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2023

FEC Identification Number

C C00075820

Transaction ID : SB.548863

Amount of Each Disbursement this Period

30000.00

Memo Item LEGAL FUND

Full Name (Last, First, Middle Initial)

B. MAYRA FLORES FOR CONGRESS

Mailing Address PO BOX 516

City LOS INDIOS State TX Zip Code 78567

Purpose of Disbursement
CONTRIBUTION

Candidate Name

FLORES, MAYRA, , ,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify)

State: TX District: 34

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2023

FEC Identification Number

C C00768994

Transaction ID : SB.548861

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MAYRA FLORES FOR CONGRESS

Mailing Address PO BOX 516

City LOS INDIOS State TX Zip Code 78567

Purpose of Disbursement
CONTRIBUTION

Candidate Name

FLORES, MAYRA, , ,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: TX District: 34

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2023

FEC Identification Number

C C00768994

Transaction ID : SB.548865

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)..... ▶

40000.00

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, where 23 is checked.

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NAME OF COMMITTEE (In Full)
E-PAC

Form A: MIKE BOST FOR CONGRESS COMMITTEE. Includes fields for Name, Address, City (MURPHYSBORO), State (IL), Zip Code (62966), Purpose (CONTRIBUTION), Candidate Name (BOST, MIKE), Office Sought (House), Disbursement For (2024), and Amount (2000.00).

Form B: BANKS FOR SENATE. Includes fields for Name, Address, City (FOR WAYNE), State (IN), Zip Code (46858), Purpose (CONTRIBUTION), Candidate Name (BANKS, JAMES), Office Sought (Senate), Disbursement For (2024), and Amount (2500.00).

Form C: MOORE FOR WEST VIRGINIA. Includes fields for Name, Address, City (HARPERS FERRY), State (WV), Zip Code (25425), Purpose (CONTRIBUTION), Candidate Name (MOORE, RILEY), Office Sought (House), Disbursement For (2024), and Amount (2500.00).

SUBTOTAL of Disbursements This Page (optional) 7000.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

E-PAC

Full Name (Last, First, Middle Initial)

A. TOM BARRETT FOR CONGRESS

Mailing Address PO BOX 15221

City
LANSING

State
MI

Zip Code
48901

Purpose of Disbursement

CONTRIBUTION

Candidate Name

BARRETT, THOMAS, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	2	3		

FEC Identification Number

C C00793976

Transaction ID : SB.548869

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CRAIG RIEDEL FOR OHIO

Mailing Address 427 W DUSSELL DRIVE #196

City
MAUMEE

State
OH

Zip Code
43537

Purpose of Disbursement

CONTRIBUTION

Candidate Name

RIEDEL, CRAIG, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: OH District: 09

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	2	3		

FEC Identification Number

C C00800003

Transaction ID : SB.548870

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DERRICK ANDERSON FOR VA INC

Mailing Address PO BOX 330

City
FREDERICKSBURG

State
VA

Zip Code
22404

Purpose of Disbursement

CONTRIBUTION

Candidate Name

ANDERSON, DERRICK, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: VA District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	3			2	0	2	3		

FEC Identification Number

C C00791574

Transaction ID : SB.548871

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).....▶

10000.00

**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)
E-PAC

A. NY REPUBLICAN FEDERAL CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 315 STATE STREET

City ALBANY State NY Zip Code 12210

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 07 / 2023

FEC Identification Number: C C00055582
Transaction ID : SB.548859

Amount of Each Disbursement this Period: 5000.00

Memo Item

B. KEVIN LINCOLN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 9460 TEGNER ROAD

City HILMER State CA Zip Code 95324

Purpose of Disbursement
CONTRIBUTION

Candidate Name
LINCOLN, KEVIN, , ,

Office Sought: House Senate President
State: CA District: 09

Disbursement For: 2024 Primary General Other (specify)

Date of Disbursement: 10 / 14 / 2023

FEC Identification Number: C C00845826
Transaction ID : SB.548872

Amount of Each Disbursement this Period: 5000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	98500.00