

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

E-PAC

ADDRESS (number and street) PO BOX 500

Check if different than previously reported. (ACC) GLEN FALLS NY 12801

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

C C00570945 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

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

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on M M / D D / Y Y Y Y Y Y in the State of  

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 08 / 01 / 2021 through M M / D D / Y Y Y Y Y Y 08 / 31 / 2021

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

HOBBS, CABELL, , ,

Type or Print Name of Treasurer

Signature of Treasurer HOBBS, CABELL, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 09 / 20 / 2021

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

|                 |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**E-PAC**

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

|  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2021"/>  | <input type="text" value="285989.05"/> | <input type="text" value="285989.05"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="298296.82"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="32934.88"/>  | <input type="text" value="252287.54"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="331231.70"/> | <input type="text" value="538276.59"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="13022.85"/>  | <input type="text" value="220067.74"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="318208.85"/> | <input type="text" value="318208.85"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="0.00"/>      |  |

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**E-PAC**

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

| <b>I. Receipts</b>  | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|---|---------------------------------------|---|
| 11. Contributions (other than loans) From:  |                                       |   |
| (a) Individuals/Persons Other Than Political Committees   |                                       |   |
| (i) Itemized (use Schedule A).....  | 9771.38                               | 57803.26                                  |
| (ii) Unitemized .....   | 4663.50                               | 64635.86                                  |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 14434.88                              | 122439.12                                 |
| (b) Political Party Committees .....  | 0.00                                  | 0.00                                      |
| (c) Other Political Committees (such as PACs).....  | 18500.00                              | 39500.00                                  |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 32934.88                              | 161939.12                                 |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                                  | 90348.42                                  |
| 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)).....▶                         | 32934.88                              | 252287.54                                 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 32934.88                              | 252287.54                                 |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 13022.85                      | 118617.74                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 13022.85                      | 118617.74                         |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 100000.00                         |
| 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                          | 1450.00                           |
| (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                          | 1450.00                           |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 0.00                          | 0.00                              |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....            | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 13022.85                      | 220067.74                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 13022.85                      | 220067.74                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 32934.88                              | 161939.12                                 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 1450.00                                   |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 32934.88                              | 160489.12                                 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 13022.85                              | 118617.74                                 |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 13022.85                              | 118617.74                                 |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 6 OF 27  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 9891

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>ARLINGTON | State<br>VA | Zip Code<br>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 ▼  
111647.65

Date of Receipt  
08 / 03 / 2021  
**Transaction ID : SA11C.468287**

Amount of Each Receipt this Period  
1988.95

Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**B. GULLIVER, KAREN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 701

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>BLACK DIAMOND | State<br>WA | Zip Code<br>98010-0701 |
|-----------------------|-------------|------------------------|

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 ▼  
400.00

Date of Receipt  
08 / 03 / 2021  
**Transaction ID : SA11A.468428**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C. HUNT, R THOMAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 3900 KRUSE WAY PLACE

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>LAKE OSWEGO | State<br>OR | Zip Code<br>97035-2512 |
|---------------------|-------------|------------------------|

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 ▼  
777.06

Date of Receipt  
08 / 03 / 2021  
**Transaction ID : SA11A.468433**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 7 OF 27  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. MUELLER, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42 NASSAU ROAD  
 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 ▼ 344.34

Date of Receipt 08 / 03 / 2021  
**Transaction ID : SA11A.468341**  
 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 ROAD  
 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 ▼ 344.34

Date of Receipt 08 / 03 / 2021  
**Transaction ID : SA11A.468414**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 EARMARKED FROM WINRED

**C. NAHMIA, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 411 WALNUT STREET PMB 7137  
 City GREEN COVE SPRINGS State FL Zip Code 32043-3443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 08 / 03 / 2021  
**Transaction ID : SA11A.468348**  
 Amount of Each Receipt this Period 5.00  
 Memo Item CONTRIBUTION  
 EARMARKED FROM WINRED

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 35.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

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

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

FOR LINE NUMBER: PAGE 8 OF 27  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. RICHARDS, MARY, D., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1696 SE PORCH LAKE DR  
 City BELLAIRE State MI Zip Code 49615-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 03 / 2021  
**Transaction ID : SA11A.468431**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 EARMARKED FROM WINRED

**B. BASKIN, CAROLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12802 EASY STREET  
 City TAMPA State FL Zip Code 33625-3702  
 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 ▼ 1000.00

Date of Receipt 08 / 06 / 2021  
**Transaction ID : SA11A.475436**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. FUENTES, JOSE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 MAINE AVENUE SOUTHWEST SUITE 400  
 City WASHINGTON State DC Zip Code 20024-3722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EASTPORT STRATEGIES LLC Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 06 / 2021  
**Transaction ID : SA11A.475432**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1550.00  
**TOTAL** This Period (last page this line 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 9 OF 27                 |
|   | (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"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. AAB, JOYCE, M., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22988 SHADY KNOLL DRIVE

|                        |             |                        |
|------------------------|-------------|------------------------|
| City<br>BONITA SPRINGS | State<br>FL | Zip Code<br>34135-2033 |
|------------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>RETIRED | Occupation (for Individual)<br>RETIRED |
|--|--|

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    |   | 10    |   | 2021        |

**Transaction ID : SA11A.465491**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

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

Mailing Address PO BOX 9891

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>ARLINGTON | State<br>VA | Zip Code<br>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 ▼  
111647.65

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 10    |   | 2021        |

**Transaction ID : SA11C.468434**

Amount of Each Receipt this Period  
1819.20

Memo Item CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C. HUNT, R THOMAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3900 KRUSE WAY PLACE

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>LAKE OSWEGO | State<br>OR | Zip Code<br>97035-2512 |
|---------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>RETIRED | Occupation (for Individual)<br>RETIRED |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
777.06

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 10    |   | 2021        |

**Transaction ID : SA11A.468520**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

EARMARKED FROM WINRED

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1050.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 10 OF 27                |
|   | (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. MUELLER, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42 NASSAU ROAD  
 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 ▼ 344.34

Date of Receipt 08 / 10 / 2021  
**Transaction ID : SA11A.468481**  
 Amount of Each Receipt this Period 12.50  
 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 ▼ 227.28

Date of Receipt 08 / 10 / 2021  
**Transaction ID : SA11A.468495**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 EARMARKED FROM WINRED

**C. SAMPEDRO, HORTENSIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4704 SW 67TH AVE  
 City MIAMI State FL Zip Code 33155-6842  
 FEC ID number of contributing 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 08 / 10 / 2021  
**Transaction ID : SA11A.468522**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION  
 EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 537.50  
**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 11 OF 27                |
|   | <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. SHELTON, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4124 KINGSFERRY  
 City ARLINGTON State TX Zip Code 76016-3636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1025.00

Date of Receipt 08 / 10 / 2021  
**Transaction ID : SA11A.468513**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 EARMARKED FROM WINRED

**B. TRIER, DANA, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 205 WEST 76TH STREET 5A  
 City NEW YORK State NY Zip Code 10023-8222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DAVIS POLK Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 08 / 10 / 2021  
**Transaction ID : SA11A.468521**  
 Amount of Each Receipt this Period 100.00  
 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 ▼ 111647.65

Date of Receipt 08 / 17 / 2021  
**Transaction ID : SA11C.468523**  
 Amount of Each Receipt this Period 1606.03  
 Memo Item CONTRIBUTION  
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 125.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 12 OF 27   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. DUNNING , JAMES , D. , , JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 SUTTON PLACE SOUTH  
 City NEW YORK State NY Zip Code 10022-3070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 2 SUTTON PLACE SOUTH Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 17 / 2021  
**Transaction ID : SA11A.468586**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION  
 EARMARKED FROM WINRED

**B. HUNT, R THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3900 KRUSE WAY PLACE  
 City LAKE OSWEGO State OR Zip Code 97035-2512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 777.06

Date of Receipt 08 / 17 / 2021  
**Transaction ID : SA11A.468551**  
 Amount of Each Receipt this Period 9.10  
 Memo Item CONTRIBUTION  
 EARMARKED FROM WINRED

**C. HUNT, R THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3900 KRUSE WAY PLACE  
 City LAKE OSWEGO State OR Zip Code 97035-2512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 777.06

Date of Receipt 08 / 17 / 2021  
**Transaction ID : SA11A.468583**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION  
 EARMARKED FROM WINRED

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 309.10 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 OF 27                |
|   | <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             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. KAHLER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16324 PENNSBURY WAY  
 City BOWIE State MD Zip Code 20716-1766  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 08 / 17 / 2021  
**Transaction ID : SA11A.468587**  
 Amount of Each Receipt this Period 375.00  
 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 ▼ 111647.65

Date of Receipt 08 / 24 / 2021  
**Transaction ID : SA11C.472104**  
 Amount of Each Receipt this Period 5640.00  
 Memo Item CONTRIBUTION  
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C. LORBER, HOWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 712 5TH AVENUE  
 City NEW YORK State NY Zip Code 10019-4108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VECTOR GROUP LTD Occupation (for Individual) PRESIDENT CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 24 / 2021  
**Transaction ID : SA11A.472139**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION  
 EARMARKED FROM WINRED

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 5375.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 14 OF 27 |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 11b<br><input type="checkbox"/> 11c<br><input type="checkbox"/> 12<br><input type="checkbox"/> 13<br><input type="checkbox"/> 14<br><input type="checkbox"/> 15<br><input type="checkbox"/> 16<br><input type="checkbox"/> 17 |               |

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. SHELTON, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4124 KINGSFERRY  
 City ARLINGTON State TX Zip Code 76016-3636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1025.00

Date of Receipt 08 / 24 / 2021  
**Transaction ID : SA11A.472138**  
 Amount of Each Receipt this Period 125.00  
 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 ▼ 111647.65

Date of Receipt 08 / 31 / 2021  
**Transaction ID : SA11C.472140**  
 Amount of Each Receipt this Period 858.20  
 Memo Item CONTRIBUTION  
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C. ALBERTI, KERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12206 COUNTRY HILLS TER  
 City GLEN ALLEN State VA Zip Code 23059-5339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 232.50

Date of Receipt 08 / 31 / 2021  
**Transaction ID : SA11A.472168**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 EARMARKED FROM WINRED

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 150.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 OF 27                |
|   | <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. COLO, LAWRENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17518N1550 AVE  
 City GENESEO State IL Zip Code 61254-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 08 / 31 / 2021  
**Transaction ID : SA11A.472162**  
 Amount of Each Receipt this Period 12.50  
 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 ▼ 400.00

Date of Receipt 08 / 31 / 2021  
**Transaction ID : SA11A.472179**  
 Amount of Each Receipt this Period 50.00  
 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 ROAD  
 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 ▼ 344.34

Date of Receipt 08 / 31 / 2021  
**Transaction ID : SA11A.472143**  
 Amount of Each Receipt this Period 2.28  
 Memo Item CONTRIBUTION  
 EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 64.78  
**TOTAL** This Period (last page this line 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 16 OF 27  
(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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**NAHMIAS, SUSAN, , ,**

Mailing Address **411 WALNUT STREET PMB 7137**

|                                   |                    |                               |
|-----------------------------------|--------------------|-------------------------------|
| City<br><b>GREEN COVE SPRINGS</b> | State<br><b>FL</b> | Zip Code<br><b>32043-3443</b> |
|-----------------------------------|--------------------|-------------------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**205.00**

Date of Receipt  
**08 / 31 / 2021**

**Transaction ID : SA11A.472173**

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

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

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>25.00</b>   |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <b>9771.38</b> |



**SCHEDULE A (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 27   |
| <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. AMERICAN FAMILY PHYSICIANS PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1133 CONNECTICUT AVENUE NORTHWEST  
SUITE 1100  
City WASHINGTON State DC Zip Code 20036-4342  
FEC ID number of contributing federal political committee. **C** C00411553  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 06 / 2021  
**Transaction ID : SA11C.475434**  
Amount of Each Receipt this Period 5000.00  
 Memo Item  
CONTRIBUTION

**B. FRESENIUS MEDICAL CARE HOLDINGS, INC. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 801 PENNSYLVANIA AVENUE, NW  
SUITE 255  
City WASHINGTON State DC Zip Code 20004-3637  
FEC ID number of contributing federal political committee. **C** C00401299  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 06 / 2021  
**Transaction ID : SA11C.475435**  
Amount of Each Receipt this Period 5000.00  
 Memo Item  
CONTRIBUTION

**C. THE WILLIAMS COMPANIES INC PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address ONE WILLIAMS CENTER  
47TH FLOOR  
City TULSA State OK Zip Code 74172-0140  
FEC ID number of contributing federal political committee. **C** C00040394  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 06 / 2021  
**Transaction ID : SA11C.475433**  
Amount of Each Receipt this Period 5000.00  
 Memo Item  
CONTRIBUTION

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 15000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

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

|   |                              |   |   |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one)       | PAGE 18 OF 27   |
| <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. TEXANS FOR JODEY ARRINGTON**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 6687

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>LUBBOCK | State<br>TX | Zip Code<br>79493-6687 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00588657

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    |   | 19    |   | 2021        |

**Transaction ID : SA11C.468911**

Amount of Each Receipt this Period  
1000.00

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<br>SAN DIEGO | State<br>CA | Zip Code<br>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 ▼  
2500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 30    |   | 2021        |

**Transaction ID : SA11C.470954**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

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

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Receipt this Period

Memo Item

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3500.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 18500.00 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**E-PAC**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. RENNA, RAYCHEL, , ,</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 02 / 2021  |
| Mailing Address 333 8TH STREET SE APT 410   |  | FEC Identification Number<br><b>C</b><br><b>Transaction ID : SB21B.5678</b><br>Amount of Each Disbursement this Period<br>1500.00 |
| City<br>WASHINGTON  | State<br>DC  |   |
| Purpose of Disbursement<br>POLITICAL STRATEGY CONSULTING  |  | Memo Item <input type="checkbox"/>  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. BB&amp;T</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 02 / 2021  |
| Mailing Address 2200 WILSON BLVD SUITE 100  |  | FEC Identification Number<br><b>C</b><br><b>Transaction ID : SB21B.5679</b><br>Amount of Each Disbursement this Period<br>15.00 |
| City<br>ARLINGTON   | State<br>VA  |   |
| Purpose of Disbursement<br>BANK FEES  |  | Memo Item <input type="checkbox"/>  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  |  |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. BB&amp;T</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 03 / 2021   |
| Mailing Address 2200 WILSON BLVD SUITE 100  |  | FEC Identification Number<br><b>C</b><br><b>Transaction ID : SB21B.5682</b><br>Amount of Each Disbursement this Period<br>1.00 |
| City<br>ARLINGTON   | State<br>VA  |  |
| Purpose of Disbursement<br>BANK FEES  |  | Memo Item <input type="checkbox"/>   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  |  |  |

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

1516.00

**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)<br><b>A. GOOGLE</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 03 / 2021  |
| Mailing Address 1600 AMPHITHEATRE PARKWAY   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.5681</b><br>Amount of Each Disbursement this Period<br>36.00 |
| City<br>MOUNTAIN VIEW   | State<br>CA  | Zip Code<br>94043   |
| Purpose of Disbursement<br>WEB SERVICE  |  | Category/<br>Type   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. WINRED TECHNICAL SERVICES LLC</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 03 / 2021   |
| Mailing Address 1776 WILSON BLVD #530   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.5680</b><br>Amount of Each Disbursement this Period<br>202.37 |
| City<br>ARLINGTON   | State<br>VA  | Zip Code<br>22209  |
| Purpose of Disbursement<br>CREDIT CARD MERCHANT FEE   |  | Category/<br>Type  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. MASON STRATEGIES</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 05 / 2021  |
| Mailing Address 219 E HOWELL AVENUE   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.5683</b><br>Amount of Each Disbursement this Period<br>3500.00 |
| City<br>ALEXANDRIA  | State<br>VA  | Zip Code<br>22301   |
| Purpose of Disbursement<br>FINANCE CONSULTING   |  | Category/<br>Type   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

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

3738.37

**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. BB&T**

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 / 06 / 2021

FEC Identification Number: C

Transaction ID : SB21B.5684

Amount of Each Disbursement this Period: 1.00

Memo Item

**B. CMDI**

Full Name (Last, First, Middle Initial)

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: 08 / 10 / 2021

FEC Identification Number: C

Transaction ID : SB21B.5689

Amount of Each Disbursement this Period: 500.00

Memo Item

**C. DANGO'S IRISH SPORTS BAR**

Full Name (Last, First, Middle Initial)

Mailing Address 156 MAPLE STREET

City GLENS FALLS State NY Zip Code 12801

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 10 / 2021

FEC Identification Number: C

Transaction ID : SB21B.5686

Amount of Each Disbursement this Period: 80.62

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 581.62

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. DANGO'S IRISH SPORTS BAR**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 156 MAPLE STREET

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 1 | 0 |   | 2 | 0 | 2 | 1 |

City GLENS FALLS State NY Zip Code 12801

FEC Identification Number

Purpose of Disbursement  
FOOD/BEVERAGES

C [REDACTED]

Candidate Name

Transaction ID : SB21B.5687

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

[REDACTED] 15.77

Memo Item

**B. USPS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 16 HUDSON AVENUE

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 1 | 0 |   | 2 | 0 | 2 | 1 |

City GLENS FALLS State NY Zip Code 12801

FEC Identification Number

Purpose of Disbursement  
POSTAGE

C [REDACTED]

Candidate Name

Transaction ID : SB21B.5688

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

[REDACTED] 137.20

Memo Item

**C. WINRED TECHNICAL SERVICES LLC**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1776 WILSON BLVD #530

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 1 | 0 |   | 2 | 0 | 2 | 1 |

City ARLINGTON State VA Zip Code 22209

FEC Identification Number

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

C [REDACTED]

Candidate Name

Transaction ID : SB21B.5685

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

[REDACTED] 148.85

Memo Item

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

[REDACTED] 301.82

**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. THE PROSPER GROUP**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 488

City GREENWOOD State IN Zip Code 46142

Purpose of Disbursement DIGITAL CONSULTING/WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 11 / 2021

FEC Identification Number: C

Transaction ID : SB21B.5690

Amount of Each Disbursement this Period: 4237.97

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: 08 / 12 / 2021

FEC Identification Number: C

Transaction ID : SB21B.5691

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. USPS**

Full Name (Last, First, Middle Initial)

Mailing Address 16 HUDSON AVENUE

City GLENS FALLS State NY Zip Code 12801

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 12 / 2021

FEC Identification Number: C

Transaction ID : SB21B.5692

Amount of Each Disbursement this Period: 26.50

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5264.47

**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)<br><b>A. APPLE.COM</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 13 / 2021  |
| Mailing Address ONE APPPLE PARK WAY   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.5693</b><br>Amount of Each Disbursement this Period<br>[ ] 373.43 |
| City<br>CUPERTINO   | State<br>CA  | Zip Code<br>95014   |
| Purpose of Disbursement<br>EQUIPMENT PURCHASE   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. CAPITOL HILL CLUB</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 16 / 2021  |
| Mailing Address 300 FIRST STREET SE   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.5694</b><br>Amount of Each Disbursement this Period<br>[ ] 240.33 |
| City<br>WASHINGTON  | State<br>DC  | Zip Code<br>20003   |
| Purpose of Disbursement<br>FOOD/BEVERAGES   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. ANEDOT</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 17 / 2021   |
| Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.5696</b><br>Amount of Each Disbursement this Period<br>[ ] 42.34 |
| City<br>DALLAS  | State<br>TX  | Zip Code<br>75201  |
| Purpose of Disbursement<br>CREDIT CARD MERCHANT FEES  |  | Category/<br>Type<br>[ ]   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

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

[ ] 656.10

**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)<br><b>A. FOUR POINTS SHERATON</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 17 / 2021  |                                 |
| Mailing Address 5 LAKESIDE RD   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.5697</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 292.99 |                                 |
| City<br>NEWBURGH  | State<br>NY  | Zip Code<br>12550   | Category/<br>Type<br>[REDACTED] |
| Purpose of Disbursement<br>TRAVEL   |  | Candidate Name  |                                 |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                                 |
| State:<br>District:   | <input type="checkbox"/> Memo Item   |   |                                 |

|   |  |  |                                 |
|---|--|--|---------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. WINRED TECHNICAL SERVICES LLC</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 17 / 2021   |                                 |
| Mailing Address 1776 WILSON BLVD #530   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.5695</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 82.94 |                                 |
| City<br>ARLINGTON   | State<br>VA  | Zip Code<br>22209  | Category/<br>Type<br>[REDACTED] |
| Purpose of Disbursement<br>CREDIT CARD MERCHANT FEE   |  | Candidate Name   |                                 |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                                 |
| State:<br>District:   | <input type="checkbox"/> Memo Item   |  |                                 |

|   |  |  |                                 |
|---|--|--|---------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. BB&amp;T</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 23 / 2021   |                                 |
| Mailing Address 2200 WILSON BLVD SUITE 100  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.5698</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 12.00 |                                 |
| City<br>ARLINGTON   | State<br>VA  | Zip Code<br>22201  | Category/<br>Type<br>[REDACTED] |
| Purpose of Disbursement<br>BANK FEES  |  | Candidate Name   |                                 |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                                 |
| State:<br>District:   | <input type="checkbox"/> Memo Item   |  |                                 |

|  |                   |
|--|-------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [REDACTED] 387.93 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | [REDACTED]        |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**E-PAC**

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. STAPLES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 23 / 2021 |  |
| Mailing Address 3301 RICHMOND HWY   |  | FEC Identification Number<br>C [REDACTED]                |  |
| City<br>ALEXANDRIA  | State<br>VA  | Zip Code<br>22305  | Transaction ID : <b>SB21B.5699</b>               |
| Purpose of Disbursement<br>OFFICE SUPPLIES  |  | Category/Type<br>[REDACTED]                              | Amount of Each Disbursement this Period<br>34.73 |
| Candidate Name  |  | Memo Item <input type="checkbox"/>                       |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |
| State: District:  |  |  |  |

|   |  |  |   |
|---|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. WINRED TECHNICAL SERVICES LLC</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 24 / 2021 |   |
| Mailing Address 1776 WILSON BLVD #530   |  | FEC Identification Number<br>C [REDACTED]                |   |
| City<br>ARLINGTON   | State<br>VA  | Zip Code<br>22209  | Transaction ID : <b>SB21B.5700</b>                |
| Purpose of Disbursement<br>CREDIT CARD MERCHANT FEE   |  | Category/Type<br>[REDACTED]                              | Amount of Each Disbursement this Period<br>413.86 |
| Candidate Name  |  | Memo Item <input type="checkbox"/>                       |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |
| State: District:  |  |  |   |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. INTUIT</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 26 / 2021 |  |
| Mailing Address 2700 COAST AVE  |  | FEC Identification Number<br>C [REDACTED]                |  |
| City<br>MOUNTAIN VIEW   | State<br>CA  | Zip Code<br>94043  | Transaction ID : <b>SB21B.5701</b>               |
| Purpose of Disbursement<br>SUBSCRIPTIONS  |  | Category/Type<br>[REDACTED]                              | Amount of Each Disbursement this Period<br>50.00 |
| Candidate Name  |  | Memo Item <input type="checkbox"/>                       |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |
| State: District:  |  |  |  |

|  |            |
|--|------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 498.59     |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | [REDACTED] |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. 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 FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 31 / 2021

FEC Identification Number: C

Transaction ID : SB21B.5702

Amount of Each Disbursement this Period: 77.95

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 77.95    |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 13022.85 |