

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 REDWINGMCPAC

ADDRESS (number and street) 221 BROOKSIDE BLVD Check if different than previously reported. (ACC) PITTSBURGH PA 15241

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00372201 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 10 / 01 / 2021 through 12 / 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. Jukus, Joel, , , Type or Print Name of Treasurer

Signature of Treasurer Jukus, Joel, , , [Electronically Filed] Date 01 / 30 / 2022

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**

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Page 2

Write or Type Committee Name

**REDWINGMCPAC**

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="2021"/>		376312.52
(b) Cash on Hand at Beginning of Reporting Period.....	337893.97	
(c) Total Receipts (from Line 19) .....	23670.81	36726.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	361564.78	413038.86
7. Total Disbursements (from Line 31).....	26092.87	77566.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	335471.91	335471.91
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

**REDWINGMCPAC**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 / 01 / 2021 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2021

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	15000.00	15000.98
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	8670.81	21725.36
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)).....▶	23670.81	36726.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	23670.81	36726.34

**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 .....	9293.87	16642.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	9293.87	16642.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	11400.00
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).....	14799.00	49524.00
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)) ..	26092.87	77566.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26092.87	77566.95

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	9293.87	16642.95
37. Offsets to Operating Expenditures (from Line 15, page 3).....	15000.00	15000.98
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	- 5706.13	1641.97

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN  
Transaction ID :

Please note there was \$5,933.01 of debt to Tim Murphy for travel expenses on the last report. Due to FECFILE software limitations, reimbursement payments related to this debt are noted on on line 21b in the "purpose of disbursement" section as "Debt Pymt to Time Murphy". The software will not let us utilize memos for ultimate vendors for debt payments. We, therefore, disclosed the payment to the vendors that would have been memo itemized in the reimbursement to Tim and noted that the payment went to Tim Murphy for reimbursment. We also noted the original disbursement date Tim made to the itemized vendor in the "purpose of disbursement" section.

Form/Schedule:  
Transaction ID:

**SCHEDULE A (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 30
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**REDWINGMCPAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**United States Association Of Former Members of Congress**

Mailing Address 1401 K Street, NW, Ste. 503

City Washington	State DC	Zip Code 20005
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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 ▼  
15000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		04		2021

**Transaction ID : SA15.4596**

Amount of Each Receipt this Period  
15000.00

Memo Item  
Refund of Dues Payment made via credit card 12/28/2017

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

Mailing Address

City	State	Zip Code
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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	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

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

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

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 30
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**REDWINGMCPAC**

**A. EFV- ISHARES MSCI EAFE VALUE ETF**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 Howard St

City San Francisco	State CA	Zip Code 94015
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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 ▼  
704.27

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2021

**Transaction ID : SA17.4625**

Amount of Each Receipt this Period  
386.45

Memo Item  
Dividends

**B. FDBIX - Federated Bond Fund Inst.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 219318

City Kansas City	State MN	Zip Code 64121
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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 ▼  
2024.21

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2021

**Transaction ID : SA17.4617**

Amount of Each Receipt this Period  
77.76

Memo Item  
Dividends

**C. FDBIX - Federated Bond Fund Inst.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 219318

City Kansas City	State MN	Zip Code 64121
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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 ▼  
2099.45

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2021

**Transaction ID : SA17.4618**

Amount of Each Receipt this Period  
75.24

Memo Item  
Dividends

<b>SUBTOTAL</b> of Receipts This Page (optional).....	539.45
<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 9 OF 30
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**REDWINGMCPAC**

**A. FDBIX - Federated Bond Fund Inst.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO Box 219318

City Kansas City	State MN	Zip Code 64121
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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 ▼  
2177.11

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2021

**Transaction ID : SA17.4619**

Amount of Each Receipt this Period  
77.66

Memo Item  
Dividends

**B. HLMIX-Harding Loevner Funds HARDING LOEVNER INTERNATIONAL EQUITY PORT**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 400 Crossing Blvd, Fourth Floor

City Bridgewater	State NJ	Zip Code 08807
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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 ▼  
3121.19

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2021

**Transaction ID : SA17.4621**

Amount of Each Receipt this Period  
119.31

Memo Item  
Dividends

**C. HLMIX-Harding Loevner Funds HARDING LOEVNER INTERNATIONAL EQUITY PORT**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 400 Crossing Blvd, Fourth Floor

City Bridgewater	State NJ	Zip Code 08807
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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 ▼  
3278.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2021

**Transaction ID : SA17.4622**

Amount of Each Receipt this Period  
157.45

Memo Item  
Dividends

<b>SUBTOTAL</b> of Receipts This Page (optional).....	354.42
<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 10 OF 30
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**REDWINGMCPAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. IEFA- ISHARES CORE MSCI EAFE ETF</b>		Date of Receipt
Mailing Address 400 Howard St		<input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2021"/>
City San Francisco	State CA	Zip Code 94015
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.4626</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="151.99"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="281.50"/>	Dividends

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. IEMG- ISHARES CORE MSCI EMERGING</b>		Date of Receipt
Mailing Address 400 Howard St		<input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2021"/>
City San Francisco	State CA	Zip Code 94015
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.4627</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="345.78"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="465.30"/>	Dividends

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. IVV - iShares S&amp;P 500 Index</b>		Date of Receipt
Mailing Address 400 Howard St		<input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2021"/>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.4628</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="350.62"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="3097.26"/>	Dividends

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="848.39"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (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 30
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**REDWINGMCPAC**

**A. IVV - iShares S&P 500 Index**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 400 Howard St

City San Francisco	State CA	Zip Code 94105
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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 ▼  
6300.67

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

**Transaction ID : SA17.4639**

Amount of Each Receipt this Period  
3203.41

Memo Item  
Gain on Sale

**B. Keep Armoni Judge**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 283 McMurray Rd

City Upper St. Clair	State PA	Zip Code 15241
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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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2021

**Transaction ID : SA17.4598**

Amount of Each Receipt this Period  
225.00

Memo Item  
Partial refund of 3/18/21 non-federal contribution

**C. LSGRX- Natixis Funds NATIXIS FUNDS LOOMIS SAYLES GROWTH FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 888 Boylston St

City Boston	State MA	Zip Code 02199
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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 ▼  
1063.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2021

**Transaction ID : SA17.4635**

Amount of Each Receipt this Period  
1063.12

Memo Item  
Dividends

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4491.53
<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 30
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**REDWINGMCPAC**

**A. LSGRX- Natixis Funds NATIXIS FUNDS LOOMIS SAYLES GROWTH FUND**

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

Mailing Address 888 Boylston St

City Boston	State MA	Zip Code 02199
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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 ▼  
1128.66

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2021

**Transaction ID : SA17.4636**

Amount of Each Receipt this Period  
65.54

Memo Item  
Dividends

**B. MANLX - BlackRock National Municipal Fund Institutional Shares**

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

Mailing Address 400 Howard St

City San Francisco	State CA	Zip Code 94105
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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 ▼  
1437.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2021

**Transaction ID : SA17.4602**

Amount of Each Receipt this Period  
67.93

Memo Item  
Dividends

**C. MANLX - BlackRock National Municipal Fund Institutional Shares**

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

Mailing Address 400 Howard St

City San Francisco	State CA	Zip Code 94105
-----------------------	-------------	-------------------

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 ▼  
1504.19

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2021

**Transaction ID : SA17.4603**

Amount of Each Receipt this Period  
66.85

Memo Item  
Dividends

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.32
<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 30
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**REDWINGMCPAC**

**A. MANLX - BlackRock National Municipal Fund Institutional Shares**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 400 Howard St

City San Francisco	State CA	Zip Code 94105
-----------------------	-------------	-------------------

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 ▼  
1572.07

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2021

**Transaction ID : SA17.4604**

Amount of Each Receipt this Period  
67.88

Memo Item  
Dividends

**B. MANLX - BlackRock National Municipal Fund Institutional Shares**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 400 Howard St

City San Francisco	State CA	Zip Code 94105
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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 ▼  
1687.71

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2021

**Transaction ID : SA17.4605**

Amount of Each Receipt this Period  
115.64

Memo Item  
Dividends

**C. MANLX - BlackRock National Municipal Fund Institutional Shares**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 400 Howard St

City San Francisco	State CA	Zip Code 94105
-----------------------	-------------	-------------------

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 ▼  
1790.93

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2021

**Transaction ID : SA17.4606**

Amount of Each Receipt this Period  
103.22

Memo Item  
Dividends

<b>SUBTOTAL</b> of Receipts This Page (optional).....	286.74
<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 30
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**REDWINGMCPAC**

**A. ODVYX- Invesco Funds INVESCO OPPENHEIMER DEVELOPING MARKETS FUND**

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

Mailing Address 430 W 7th St

City Kansas City	State MO	Zip Code 64105
---------------------	-------------	-------------------

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 ▼  
702.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2021

**Transaction ID : SA17.4623**

Amount of Each Receipt this Period  
702.60

Memo Item  
Dividends

**B. ODVYX- Invesco Funds INVESCO OPPENHEIMER DEVELOPING MARKETS FUND**

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

Mailing Address 430 W 7th St

City Kansas City	State MO	Zip Code 64105
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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 ▼  
760.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2021

**Transaction ID : SA17.4624**

Amount of Each Receipt this Period  
57.91

Memo Item  
Dividends

**C. PFF- ISHARES PREFERRED & INCOME S**

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

Mailing Address 400 Howard St

City San Francisco	State CA	Zip Code 94015
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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 ▼  
2489.45

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2021

**Transaction ID : SA17.4613**

Amount of Each Receipt this Period  
183.73

Memo Item  
Dividends

<b>SUBTOTAL</b> of Receipts This Page (optional).....	944.24
<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 30
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**REDWINGMCPAC**

**A. PFF- ISHARES PREFERRED & INCOME S**

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

Mailing Address 400 Howard St

City San Francisco	State CA	Zip Code 94015
-----------------------	-------------	-------------------

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 ▼  
2658.48

Date of Receipt: **11 / 05 / 2021**  
**Transaction ID : SA17.4614**

Amount of Each Receipt this Period: 169.03

Memo Item  
Dividends

**B. PFF- ISHARES PREFERRED & INCOME S**

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

Mailing Address 400 Howard St

City San Francisco	State CA	Zip Code 94015
-----------------------	-------------	-------------------

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 ▼  
2811.11

Date of Receipt: **12 / 07 / 2021**  
**Transaction ID : SA17.4615**

Amount of Each Receipt this Period: 152.63

Memo Item  
Dividends

**C. PFF- ISHARES PREFERRED & INCOME S**

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

Mailing Address 400 Howard St

City San Francisco	State CA	Zip Code 94015
-----------------------	-------------	-------------------

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 ▼  
2966.90

Date of Receipt: **12 / 22 / 2021**  
**Transaction ID : SA17.4616**

Amount of Each Receipt this Period: 155.79

Memo Item  
Dividends

<b>SUBTOTAL</b> of Receipts This Page (optional).....	477.45
<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 16 OF 30
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**REDWINGMCPAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. PFF- ISHARES PREFERRED & INCOME S**

Mailing Address 400 Howard St

City San Francisco	State CA	Zip Code 94015
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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 ▼  
3187.49

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

**Transaction ID : SA17.4640**

Amount of Each Receipt this Period  
220.59

Memo Item  
Gain on Sale

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. USMV- ISHARES EDGE MSCI MIN VOL US**

Mailing Address 400 Howard St

City San Francisco	State CA	Zip Code 94015
-----------------------	-------------	-------------------

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 ▼  
286.45

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2021

**Transaction ID : SA17.4631**

Amount of Each Receipt this Period  
70.11

Memo Item  
Dividends

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. VMPYX - Wells Fargo Strategic Municipal Bond Fund - Class Admin**

Mailing Address 420 Montgomery St

City San Francisco	State CA	Zip Code 94163
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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 ▼  
925.09

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2021

**Transaction ID : SA17.4607**

Amount of Each Receipt this Period  
74.21

Memo Item  
Dividends

<b>SUBTOTAL</b> of Receipts This Page (optional).....	364.91
<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 17 OF 30
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**REDWINGMCPAC**

**A. VMPYX - Wells Fargo Strategic Municipal Bond Fund - Class Admin**

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

Mailing Address 420 Montgomery St

City San Francisco	State CA	Zip Code 94163
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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 ▼  
997.79

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2021

**Transaction ID : SA17.4608**

Amount of Each Receipt this Period  
72.70

Memo Item  
Dividends

**B. VMPYX - Wells Fargo Strategic Municipal Bond Fund - Class Admin**

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

Mailing Address 420 Montgomery St

City San Francisco	State CA	Zip Code 94163
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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 ▼  
1070.93

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2021

**Transaction ID : SA17.4609**

Amount of Each Receipt this Period  
73.14

Memo Item  
Dividends

**C.**

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

Mailing Address

City	State	Zip Code
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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).....	145.84
<b>TOTAL</b> This Period (last page this line number only).....	8653.29

**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)  
**REDWINGMCPAC**

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address 1 Skyview Drive

City  
Fort Worth

State  
TX

Zip Code  
76155

Purpose of Disbursement  
Debt Pymt to Tim Murphy (Travel-Air) memo 9/22/21

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2021			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.4573**  
Amount of Each Disbursement this Period  
[ ] 1296.30

Memo Item

Full Name (Last, First, Middle Initial)

**B. AT&T**

Mailing Address 208 S. Akard St.

City  
Dallas

State  
TX

Zip Code  
75202

Purpose of Disbursement  
Phone Service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			12			2021			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.4562**  
Amount of Each Disbursement this Period  
[ ] 86.49

Memo Item

Full Name (Last, First, Middle Initial)

**C. AT&T**

Mailing Address 208 S. Akard St.

City  
Dallas

State  
TX

Zip Code  
75202

Purpose of Disbursement  
Phone Service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2021			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.4563**  
Amount of Each Disbursement this Period  
[ ] 86.40

Memo Item

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

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

[ ]	1469.19
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[ ]	
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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)  
**REDWINGMCPAC**

**A. AT&T**

Full Name (Last, First, Middle Initial)

Mailing Address 208 S. Akard St.

City Dallas State TX Zip Code 75202

Purpose of Disbursement Phone Service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 13 / 2021

FEC Identification Number: C

Transaction ID : **SB21B.4564**

Amount of Each Disbursement this Period: 86.40

Memo Item

**B. Capitol Hill Hotel**

Full Name (Last, First, Middle Initial)

Mailing Address 200 C St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Debt Pymt to Tim Murphy (Travel-Loging) memo 9/8/21

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 08 / 2021

FEC Identification Number: C

Transaction ID : **SB21B.4578**

Amount of Each Disbursement this Period: 157.48

Memo Item

**C. Expedia**

Full Name (Last, First, Middle Initial)

Mailing Address 3150 139th Ave. SE

City Bellevue State WA Zip Code 98005

Purpose of Disbursement Debt Pymt to Tim Murphy (Travel-Loging) memo 9/22/21

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 08 / 2021

FEC Identification Number: C

Transaction ID : **SB21B.4576**

Amount of Each Disbursement this Period: 238.26

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 482.14

**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)  
**REDWINGMCPAC**

Full Name (Last, First, Middle Initial)

**A. Expedia**

Mailing Address 3150 139th Ave. SE

City Bellevue State WA Zip Code 98005

Purpose of Disbursement  
Debt Pymt to Tim Murphy (Travel-Loging) memo 9/6/21

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 08 / 2021

FEC Identification Number

C  
**Transaction ID : SB21B.4577**  
Amount of Each Disbursement this Period  
489.57

Memo Item

Full Name (Last, First, Middle Initial)

**B. Fragasso Financial Advisors**

Mailing Address 610 Smithfield St Ste 400

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement  
Investment Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 31 / 2021

FEC Identification Number

C  
**Transaction ID : SB21B.4637**  
Amount of Each Disbursement this Period  
989.80

Memo Item

Full Name (Last, First, Middle Initial)

**C. Jukus Camapign Finance PLLC**

Mailing Address 4031 Thicket Lane

City Harrisburg State PA Zip Code 17110

Purpose of Disbursement  
Accounting and Compliance Service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 06 / 2021

FEC Identification Number

C  
**Transaction ID : SB21B.4559**  
Amount of Each Disbursement this Period  
600.00

Memo Item

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

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

2079.37

**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)  
**REDWINGMCPAC**

**A. Marriot Marquis**

Full Name (Last, First, Middle Initial)

Mailing Address 901 Massachusetts Ave NW

City Washington State DC Zip Code 20001

Purpose of Disbursement Debt Pymt to Tim Murphy (Travel-Loging) memo 9/14/21

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 10 / 08 / 2021

FEC Identification Number C

Transaction ID : SB21B.4579

Amount of Each Disbursement this Period 209.04

Memo Item

**B. Murphy, Tim, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 221 Brookside Blvd

City Pittsburgh State PA Zip Code 15241

Purpose of Disbursement Debt Payment Reimbursed Mileage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 10 / 08 / 2021

FEC Identification Number C

Transaction ID : SB21B.4570

Amount of Each Disbursement this Period 616.00

Memo Item

**C. Murphy, Tim, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 221 Brookside Blvd

City Pittsburgh State PA Zip Code 15241

Purpose of Disbursement Debt Pymt to Tim Murphy unitemized Travel expenses (vendors under threshold)

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 10 / 08 / 2021

FEC Identification Number C

Transaction ID : SB21B.4575

Amount of Each Disbursement this Period 335.55

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1160.59

**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)  
**REDWINGMCPAC**

Full Name (Last, First, Middle Initial)  
**A. Murphy, Tim, , ,**

Mailing Address 221 Brookside Blvd

City Pittsburgh State PA Zip Code 15241

Purpose of Disbursement Reimbursed Mileage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 23 / 2021

FEC Identification Number: C

Transaction ID : **SB21B.4582**

Amount of Each Disbursement this Period: 295.68

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Murphy, Tim, , ,**

Mailing Address 221 Brookside Blvd

City Pittsburgh State PA Zip Code 15241

Purpose of Disbursement Reimbursed Travel Expenses (see memos below)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 23 / 2021

FEC Identification Number: C

Transaction ID : **SB21B.4583**

Amount of Each Disbursement this Period: 1155.69

Memo Item

Full Name (Last, First, Middle Initial)  
**C. The Willard Intercontinental**

Mailing Address 1401 Pennsylvania Ave NW

City DC State DC Zip Code 20004

Purpose of Disbursement Trvael-Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 14 / 2021

FEC Identification Number: C

Transaction ID : **SB21B.4583**

Amount of Each Disbursement this Period: 531.01

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1451.37

**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)  
**REDWINGMCPAC**

Full Name (Last, First, Middle Initial) <b>A. Hilton Washington</b>		Date of Disbursement MM / DD / YYYY 10 / 22 / 2021	
Mailing Address 1919 Connecticut Ave		FEC Identification Number C [REDACTED]	
City Washington	State DC	Zip Code 20009	Transaction ID : <b>SB21B.4583.</b>
Purpose of Disbursement Travel-Lodging		Category/ Type	Amount of Each Disbursement this Period [REDACTED] 324.57
Candidate Name			<input checked="" type="checkbox"/> Memo Item
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>B. The Willard Intercontinental</b>		Date of Disbursement MM / DD / YYYY 12 / 15 / 2021	
Mailing Address 1401 Pennsylvania Ave NW		FEC Identification Number C [REDACTED]	
City DC	State DC	Zip Code 20004	Transaction ID : <b>SB21B.4583.2</b>
Purpose of Disbursement Food and Beverage		Category/ Type	Amount of Each Disbursement this Period [REDACTED] 91.34
Candidate Name			<input checked="" type="checkbox"/> Memo Item
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>C. The Willard Intercontinental</b>		Date of Disbursement MM / DD / YYYY 12 / 14 / 2021	
Mailing Address 1401 Pennsylvania Ave NW		FEC Identification Number C [REDACTED]	
City DC	State DC	Zip Code 20004	Transaction ID : <b>SB21B.4583.</b>
Purpose of Disbursement Food and Beverage		Category/ Type	Amount of Each Disbursement this Period [REDACTED] 96.70
Candidate Name			<input checked="" type="checkbox"/> Memo Item
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)..... ▶

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

[REDACTED] 0.00
[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="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)  
**REDWINGMCPAC**

Full Name (Last, First, Middle Initial)

### A. The Ritz Carlton

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2021

Mailing Address 4750 Amelia Island Parkway

FEC Identification Number

C [ ]

Transaction ID : SB21B.4571  
Amount of Each Disbursement this Period

[ ] 2590.81

Memo Item

City Amelia Island State FL Zip Code 32034

Purpose of Disbursement  
Debt Pymt to Tim Murphy (Travel-Loging) memo 9/26/21

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
[ ]		[ ]		[ ]

Mailing Address

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

City State Zip Code

Purpose of Disbursement

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
[ ]		[ ]		[ ]

Mailing Address

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

City State Zip Code

Purpose of Disbursement

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

[ ] 2590.81

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

[ ] 9233.47



**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)  
**REDWINGMCPAC**

Full Name (Last, First, Middle Initial)  
**A. ANDY HARRIS FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2021

Mailing Address PO BOX 426

FEC Identification Number

**C** C00435974

**Transaction ID : SB23.4553**

Amount of Each Disbursement this Period

1000.00

Memo Item

City STEVENSVILLE State MD Zip Code 21666

Purpose of Disbursement  
Contribution

Category/Type

Candidate Name  
**HARRIS, ANDREW, P, ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: MD District: 01

Full Name (Last, First, Middle Initial)  
**B. CONSERVATIVE OPPURTUNITY LEADERSHIP AND ENTERPRISE PAC (COLE PAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2021

Mailing Address 12176 CHANCERY STATION CIRCLE

FEC Identification Number

**C** C00404392

**Transaction ID : SB23.4535**

Amount of Each Disbursement this Period

1000.00

Memo Item

City RESTON State VA Zip Code 20190

Purpose of Disbursement  
Contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)  
**C.**

Date of Disbursement

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

Mailing Address

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

2000.00

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

2000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**REDWINGMCPAC**

**A. Adventures in Training with a Purpose**

Full Name (Last, First, Middle Initial)

Mailing Address 625 Chilliwack Lane

City Mars State PA Zip Code 16046

Purpose of Disbursement Charitable Donation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 08 / 2021

FEC Identification Number: C

Transaction ID : SB29.4534

Amount of Each Disbursement this Period: 1150.00

Memo Item

**B. Adventures in Training with a Purpose**

Full Name (Last, First, Middle Initial)

Mailing Address 625 Chilliwack Lane

City Mars State PA Zip Code 16046

Purpose of Disbursement Charitable Donation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 14 / 2021

FEC Identification Number: C

Transaction ID : SB29.4546

Amount of Each Disbursement this Period: 1150.00

Memo Item

**C. Adventures in Training with a Purpose**

Full Name (Last, First, Middle Initial)

Mailing Address 625 Chilliwack Lane

City Mars State PA Zip Code 16046

Purpose of Disbursement Charitable Donation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 05 / 2021

FEC Identification Number: C

Transaction ID : SB29.4549

Amount of Each Disbursement this Period: 3000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5300.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REDWINGMCPAC**

Full Name (Last, First, Middle Initial)  
**A. CHARLIE FOR GOVERNOR**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			30			2021			

Mailing Address PO BOX 11624

FEC Identification Number

**C** [ ]

**Transaction ID : SB29.4550**  
Amount of Each Disbursement this Period

[ ] 1000.00

Memo Item

City HARRISBURG State PA Zip Code 17108

Purpose of Disbursement  
Non-Federal Contribution

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)  
**B. Citizens for Josh Kail**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2021			

Mailing Address PO BOX 94

FEC Identification Number

**C** [ ]

**Transaction ID : SB29.4538**  
Amount of Each Disbursement this Period

[ ] 500.00

Memo Item

City BEAVER State PA Zip Code 15009

Purpose of Disbursement  
Non-Federal Contribution

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)  
**C. Committee to Elect Janet Hays**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2021			

Mailing Address 2208 Soniat Street

FEC Identification Number

**C** [ ]

**Transaction ID : SB29.4547**  
Amount of Each Disbursement this Period

[ ] 499.00

Memo Item

City New Orleans State LA Zip Code 70115

Purpose of Disbursement  
Non-Federal Contribution

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

[ ] 1999.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REDWINGMCPAC**

Full Name (Last, First, Middle Initial) <b>A. Fortis Future</b>		Date of Disbursement MM / DD / YYYY 12 / 23 / 2021	
Mailing Address 7000 Stonewood Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4552</b> Amount of Each Disbursement this Period [REDACTED] 5000.00	
City Wexford	State PA	Zip Code 15090	Category/ Type [REDACTED]
Purpose of Disbursement Charitable Donation		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) ▼		<input type="checkbox"/> Memo Item
State: District:	Full Name (Last, First, Middle Initial) <b>B. Friends of Natalie Mihalek</b>		
Mailing Address P.O. Box 12994		Date of Disbursement MM / DD / YYYY 10 / 08 / 2021	
City Pittsburgh		State PA	Zip Code 15241
Purpose of Disbursement Non-Federal Contribution		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:	Amount of Each Disbursement this Period [REDACTED] 500.00		
Full Name (Last, First, Middle Initial) <b>C. Friends of Sam DeMarco</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2021	
Mailing Address 24 Molinaro Circle		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4544</b> Amount of Each Disbursement this Period [REDACTED] 500.00	
City Oakdale	State PA	Zip Code 15071	Category/ Type [REDACTED]
Purpose of Disbursement Non-Federal Contribution		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:	<input type="checkbox"/> Memo Item		
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		[REDACTED] 6000.00	
<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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REDWINGMCPAC**

Full Name (Last, First, Middle Initial) <b>A. Garrity for PA</b>		Date of Disbursement MM / DD / YYYY 10 / 08 / 2021
Mailing Address 383 GATEWAY INDUSTRIAL PARK RD		FEC Identification Number C [ ] <b>Transaction ID : SB29.4542</b>
City ATHENS	State PA	Zip Code 18810
Purpose of Disbursement Non-Federal Contribution		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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Gaydos for PA</b>		Date of Disbursement MM / DD / YYYY 10 / 08 / 2021
Mailing Address 411 Trailside Dr		FEC Identification Number C [ ] <b>Transaction ID : SB29.4541</b>
City Sewickley	State PA	Zip Code 15143
Purpose of Disbursement Non-Federal Contribution		Amount of Each Disbursement this Period [ ] 500.00
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY [ ] / [ ] / [ ]
Mailing Address		FEC Identification Number C [ ]
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period [ ]
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	14799.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 30 OF 30
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**REDWINGMCPAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Murphy, Tim, , ,</b>			Nature of Debt (Purpose): Travel Expenses
Mailing Address 221 Brookside Blvd			
City Pittsburgh	State PA	Zip Code 15241	

Outstanding Balance Beginning This Period 5933.01		Transaction ID : SD10.4531	
Amount Incurred This Period 0.00	Payment This Period 5933.01	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	0.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	