

**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

BRAVE PAC

ADDRESS (number and street)

499 S. CAPITOL ST, SW

SUITE 420

Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00430579

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

C

(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

C

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

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

Angerholzer, Lindsay, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Angerholzer, Lindsay, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

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**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

BRAVE PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
01		01		2022

To:

M M	/	D D	/	Y Y Y Y Y
03		31		2022

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2022</td></tr></table>	Y	Y	Y	Y	Y	2022						<table><tr><td colspan="5">80576.66</td></tr></table>	80576.66				
Y	Y	Y	Y	Y													
2022																	
80576.66																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">80576.66</td></tr></table>	80576.66															
80576.66																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">51000.00</td></tr></table>	51000.00					<table><tr><td colspan="5">51000.00</td></tr></table>	51000.00									
51000.00																	
51000.00																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">131576.66</td></tr></table>	131576.66					<table><tr><td colspan="5">131576.66</td></tr></table>	131576.66									
131576.66																	
131576.66																	
<hr/>																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">26918.19</td></tr></table>	26918.19					<table><tr><td colspan="5">26918.19</td></tr></table>	26918.19									
26918.19																	
26918.19																	
<hr/>																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">104658.47</td></tr></table>	104658.47					<table><tr><td colspan="5">104658.47</td></tr></table>	104658.47									
104658.47																	
104658.47																	
<hr/>																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
<hr/>																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**BRAVE PAC**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01	/	01	/	2022

To:

M M	/	D D	/	Y Y Y Y
03	/	31	/	2022

<b>I. Receipts</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1000.00	1000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1000.00	1000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	50000.00	50000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	51000.00	51000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	51000.00	51000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	51000.00	51000.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	19918.19	19918.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	19918.19	19918.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	7000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	26918.19	26918.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26918.19	26918.19

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	51000.00	51000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	51000.00	51000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	19918.19	19918.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	19918.19	19918.19

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

BRAVE PAC

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

Mailing Address 211 W Kings Rd

City  
Ada

State  
OK

Zip Code  
74820

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gray Robinson

Occupation (for Individual)  
Managing Shareholder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2022

Transaction ID : SA11AI.4900

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

1000.00

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

1000.00

# 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 7 OF 17

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**BRAVE PAC**

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

### A. AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Mailing Address 520 N NORTHWEST HIGHWAY

City  
PARK RIDGE

State  
IL

Zip Code  
60068

FEC ID number of contributing  
federal political committee.

**C** C70004684

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **31** / **2022**

**Transaction ID : SA11C.4903**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

### B. CAPITAL ONE FINANCIAL CORP. ASSOC. POLITICAL FUND

Mailing Address 1680 CAPITAL ONE DRIVE  
ATTN:12067-1600

City  
MCLEAN

State  
VA

Zip Code  
22102

FEC ID number of contributing  
federal political committee.

**C** C00326595

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**02** / **09** / **2022**

**Transaction ID : SA11C.4856**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

### C. COMMITTEE ORGANIZED FOR THE TRADING OF COTTON PAC OF THE AMERICAN COTTON SHIPPERS ASSOCIAT

Mailing Address 88 UNION AVENUE  
SUITE 1204

City  
MEMPHIS

State  
TN

Zip Code  
38103

FEC ID number of contributing  
federal political committee.

**C** C00014019

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **29** / **2022**

**Transaction ID : SA11C.4893**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

**TOTAL** 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: PAGE 8 OF 17  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**BRAVE PAC**

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

## **A. CROPLIFE AMERICA POLITICAL ACTION COMMITTEE**

Mailing Address 4201 WILSON BOULEVARD  
SUITE 700

City  
ARLINGTON

State  
VA

Zip Code  
22203

FEC ID number of contributing  
federal political committee.

**C** C00248849

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**03** / **31** / **2022**

**Transaction ID : SA11C.4905**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

## **B. GEORGIA POWER COMPANY FEDERAL PAC**

Mailing Address 241 RALPH MCGILL BOULEVARD NE

City  
ATLANTA

State  
GA

Zip Code  
30308

FEC ID number of contributing  
federal political committee.

**C** C00119776

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**03** / **16** / **2022**

**Transaction ID : SA11C.4870**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

## **C. INTERNATIONAL PAPER POLITICAL ACTION COMMITTEE (IP-PAC)**

Mailing Address 1101 PENNSYLVANIA AVENUE NW  
SUITE 200

City  
WASHINGTON

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

**C** C00034405

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**03** / **31** / **2022**

**Transaction ID : SA11C.4896**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

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

7500.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 17

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**BRAVE PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
NATIONAL CHICKEN COUNCIL POLITICAL ACTION COMMITTEE (FKA) NATIONAL BROILER COUNCIL PAC

Mailing Address 1152 FIFTEENTH STREET NW  
SUITE 430

City  
WASHINGTON

State  
DC

Zip Code  
20005

FEC ID number of contributing  
federal political committee.

**C** C00034272

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **23** / **2022**

**Transaction ID : SA11C.4871**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
NATIONAL TURKEY FEDERATION POLITICAL ACTION COMMITTEE/TURPAC

Mailing Address 1225 NEW YORK AVE NW  
STE 400

City  
WASHINGTON

State  
DC

Zip Code  
20005

FEC ID number of contributing  
federal political committee.

**C** C00076182

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **09** / **2022**

**Transaction ID : SA11C.4857**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
SOUTHERN COMPANY GAS EMPLOYEES PAC

Mailing Address 10 PEACHTREE PLACE, NE

City  
ATLANTA

State  
GA

Zip Code  
30309

FEC ID number of contributing  
federal political committee.

**C** C00145037

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**03** / **29** / **2022**

**Transaction ID : SA11C.4894**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

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

12500.00

# **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 10 OF 17

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**BRAVE PAC**

**A. THE COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION COMMITTEE**

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

Mailing Address 701 PENNSYLVANIA AVENUE, NW  
SUITE 750

City  
WASHINGTON

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

**C** C00039578

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **31** / **2022**

**Transaction ID : SA11C.4904**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**B. THE FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE**

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

Mailing Address 50 F STREET NW  
SUITE 900

City  
WASHINGTON

State  
DC

Zip Code  
20001

FEC ID number of contributing  
federal political committee.

**C** C00193631

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **29** / **2022**

**Transaction ID : SA11C.4892**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**C. USA RICE FEDERATION PAC**

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

Mailing Address 2101 WILSON BLVD, STE 610

City  
ARLINGTON

State  
VA

Zip Code  
22201

FEC ID number of contributing  
federal political committee.

**C** C00308478

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **16** / **2022**

**Transaction ID : SA11C.4869**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

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

15000.00

50000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 17

<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)

**BRAVE PAC**

Full Name (Last, First, Middle Initial)

**A. Angerholzer Broz Consulting**Mailing Address 499 S. Capitol Street, SW  
Suite 420City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Consulting Fees and Reimbursed Expenses

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.4866**

Amount of Each Disbursement this Period

276.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Angerholzer Broz Consulting**Mailing Address 499 S. Capitol Street, SW  
Suite 420City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Bookkeeping and Compliance Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.4866.c**

Amount of Each Disbursement this Period

250.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Angerholzer Broz Consulting**Mailing Address 499 S. Capitol Street, SW  
Suite 420City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Consulting Fees and Reimbursed Expenses

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	2			2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB21B.4858**

Amount of Each Disbursement this Period

287.70

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

564.20

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 17

<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)

**BRAVE PAC**

Full Name (Last, First, Middle Initial)

**A. Angerholzer Broz Consulting**Mailing Address 499 S. Capitol Street, SW  
Suite 420City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Compliance and Bookkeeping Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	2			2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB21B.4858.1**

Amount of Each Disbursement this Period

250.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Angerholzer Broz Consulting**Mailing Address 499 S. Capitol Street, SW  
Suite 420City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Consulting Fees and Reimbursed Expenses

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				1	5		2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB21B.4863**

Amount of Each Disbursement this Period

276.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Angerholzer Broz Consulting**Mailing Address 499 S. Capitol Street, SW  
Suite 420City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Compliance and Bookkeeping Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				2	2		2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB21B.4863.**

Amount of Each Disbursement this Period

250.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2	7	6	.	5	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 17

<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)

**BRAVE PAC**

Full Name (Last, First, Middle Initial)

**A. Molly Allen Associates LLC**

Mailing Address 10402 Parkwood Drive

City  
KensingtonState  
MDZip Code  
20895Purpose of Disbursement  
Fundraising Fee and Reimbursed Expenses

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	1			2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB21B.4873**

Amount of Each Disbursement this Period

2676.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Molly Allen Associates LLC**

Mailing Address 10402 Parkwood Drive

City  
KensingtonState  
MDZip Code  
20895Purpose of Disbursement  
Fundraising Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	1			2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB21B.4873.c**

Amount of Each Disbursement this Period

2500.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Molly Allen Associates LLC**

Mailing Address 10402 Parkwood Drive

City  
KensingtonState  
MDZip Code  
20895Purpose of Disbursement  
Fundraising Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	3			2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB21B.4877**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5176.07

# **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)

PAGE 14 OF 17

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**BRAVE PAC**

Full Name (Last, First, Middle Initial)

## **A. Molly Allen Associates LLC**

Mailing Address 10402 Parkwood Drive

City  
Kensington

State  
MD

Zip Code  
20895

Purpose of Disbursement  
Fundraising Consulting Fees and Reimbursed Expenses

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 Y  
03 / 24 / 2022

FEC Identification Number

**C** Transaction ID : SB21B.4886

Amount of Each Disbursement this Period

13901.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Loews Hotel**

Mailing Address 1065 Peachtree St NE

City  
Atlanta

State  
GA

Zip Code  
30309

Purpose of Disbursement  
Travel Expense

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 Y  
03 / 24 / 2022

FEC Identification Number

**C** Transaction ID : SB21B.4886.c

Amount of Each Disbursement this Period

4986.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Atlanta Braves**

Mailing Address 755 Battery Ave SE

City  
Atlanta

State  
GA

Zip Code  
30339

Purpose of Disbursement  
Fundraiser Venue and Catering Expense

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 Y  
03 / 24 / 2022

FEC Identification Number

**C** Transaction ID : SB21B.4886.

Amount of Each Disbursement this Period

6415.00

☒ Memo Item

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

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

13901.42

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 17

<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)

**BRAVE PAC**

Full Name (Last, First, Middle Initial)

**A. Molly Allen Associates LLC**

Mailing Address 10402 Parkwood Drive

City  
KensingtonState  
MDZip Code  
20895Purpose of Disbursement  
Fundraising Fee

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	4			2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB21B.4886.1**

Amount of Each Disbursement this Period

2500.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

0.00

19918.19

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 17

<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)

**BRAVE PAC**

Full Name (Last, First, Middle Initial)

**A. ANGIE CRAIG FOR CONGRESS**

Mailing Address P.O. BOX 22116

City  
EAGANState  
MNZip Code  
55122Purpose of Disbursement  
Political Contribution

Candidate Name

**CRAIG, ANGELA DAWN, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	16	/	2022

FEC Identification Number

**C** C00575209**Transaction ID : SB23.4882**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KUSTER FOR CONGRESS, INC**

Mailing Address PO BOX 1498

City  
CONCORDState  
NHZip Code  
03302Purpose of Disbursement  
Political Contribution

Candidate Name

**KUSTER, ANN MCLANE, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2022  
☒ Primary ☐ General  
☐ Other (specify)

State: NH District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	16	/	2022

FEC Identification Number

**C** C00462861**Transaction ID : SB23.4881**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SANFORD BISHOP FOR CONGRESS**

Mailing Address P O BOX 909

City  
COLUMBUSState  
GAZip Code  
31902Purpose of Disbursement  
Political Contribution

Candidate Name

**BISHOP, SANFORD, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	16	/	2022

FEC Identification Number

**C** C00266940**Transaction ID : SB23.4883**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 17

<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)

**BRAVE PAC**

Full Name (Last, First, Middle Initial)

**A. STANTON FOR CONGRESS**Mailing Address 4340 E INDIAN SCHOOL ROAD  
SUITE 21-518City  
PHOENIXState  
AZZip Code  
85018Purpose of Disbursement  
Political Contribution

Candidate Name

**STANTON, GREG, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2022

FEC Identification Number

**C** C00657304**Transaction ID : SB23.4878**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

7000.00