

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 True North PAC

ADDRESS (number and street) 901 N Washington St, Suite 700 Alexandria VA 22314 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00571000 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 (selected), July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) Election on MM/DD/YYYY in the State of (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period 11 / 24 / 2020 through 12 / 31 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Koch, Timothy A., , , Type or Print Name of Treasurer

Signature of Treasurer Koch, Timothy A., , , [Electronically Filed] Date 01 / 27 / 2021

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

True North PAC

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|--|
| 6. (a) Cash on Hand January 1, <input type="text" value="2020"/> | <input type="text" value="23579.84"/> | <input type="text" value="23579.84"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="61995.39"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="18700.00"/> | <input type="text" value="375158.48"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="80695.39"/> | <input type="text" value="398738.32"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="31341.20"/> | <input type="text" value="349384.13"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="49354.19"/> | <input type="text" value="49354.19"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

True North PAC

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 1500.00 | 142100.00 |
| (ii) Unitemized | 0.00 | 250.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 1500.00 | 142350.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 15000.00 | 189550.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 16500.00 | 331900.00 |
| 12. Transfers From Affiliated/Other Party Committees..... | 2200.00 | 40393.88 |
| 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 | 64.60 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 2800.00 |
| 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)).....▶ | 18700.00 | 375158.48 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 18700.00 | 375158.48 |

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 | 16341.20 | 191584.13 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 16341.20 | 191584.13 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 15000.00 | 147800.00 |
| 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 | 10000.00 |
| 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)) .. | 31341.20 | 349384.13 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 31341.20 | 349384.13 |

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) | 16500.00 | 331900.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 16500.00 | 331900.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 16341.20 | 191584.13 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 64.60 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 16341.20 | 191519.53 |

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

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)
True North PAC

A. Bertosen, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3931 Georgetown CT NW
 City Washington State DC Zip Code 20007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capitol Hill Policy Group Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.7301
 Amount of Each Receipt this Period 250.00
 Memo Item Contribution

B. Burnett, Wallace, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6218 Berkeley Rd
 City Alexandria State VA Zip Code 22307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Crossroads Strategies, LLC Occupation (for Individual) Senior Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.7331
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

C. Devore, Jon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2691 Cassia Drive
 City Edgewater State MD Zip Code 21037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Birch Horton Bittner and Cher. Occupation (for Individual) Lawyer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.7305
 Amount of Each Receipt this Period 250.00
 Memo Item Contribution

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 7 OF 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
True North PAC

A. Ferguson, Jack, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 Maryland Ave NE
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jack Ferguson Associates Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **11 / 24 / 2020**
Transaction ID : SA11AI.7298
 Amount of Each Receipt this Period 250.00
 Memo Item Contribution

B. Williams, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1221 W 11th Ave
 City Anchorage State AK Zip Code 99501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Outlook Law LLC Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt **12 / 02 / 2020**
Transaction ID : SA11AI.7302
 Amount of Each Receipt this Period 250.00
 Memo Item Contribution

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

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item Contribution

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 500.00 |
| TOTAL This Period (last page this line number only).....▶ | 1500.00 |

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

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NAME OF COMMITTEE (In Full)
True North PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS AND JOINERS

Mailing Address 101 CONSTITUTION AVENUE, NW
10TH FLOOR WEST

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20001 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00001016

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2020 |

Transaction ID : SA11C.7332

Amount of Each Receipt this Period
5000.00

Memo Item Contribution

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
INT'L ASSOCIATION OF BRIDGE, STRUCTURAL, ORNAMENTAL AND REINFORCING IRON WORKERS (IPAL)

Mailing Address 1750 NEW YORK AVE. NW
SUITE 400

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20006 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00027359

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 22 | / | 2020 |

Transaction ID : SA11C.7328

Amount of Each Receipt this Period
5000.00

Memo Item Contribution

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
UA UNION PLUMBERS & PIPEFITTERS VOTE! PAC (UNITED ASSOCIATION OF JOURNEYMEN AND APPRENTICE

Mailing Address THREE PARK PLACE

| | | |
|-------------------|-------------|-------------------|
| City ANNAPOLIS | State MD | Zip Code 21401 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00012476

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 15 | / | 2020 |

Transaction ID : SA11C.7313

Amount of Each Receipt this Period
5000.00

Memo Item Contribution

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 15000.00 |
| TOTAL This Period (last page this line number only)..... | 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 9 OF 14 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
True North PAC

A. Sullivan Victory 2020
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 901 N Washington St, Suite 700

| | | |
|--------------------|-------------|-------------------|
| City Alexandria | State VA | Zip Code 22314 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00609255

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40393.88

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 07 / 2020
Transaction ID : SA12.7307

Amount of Each Receipt this Period
2200.00

Memo Item
JFC Distribution

B. Magowan, Deborah, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 2100 Washington St.

| | | |
|-----------------------|-------------|-------------------|
| City San Francisco | State CA | Zip Code 94109 |
|-----------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 16 / 2020
Transaction ID : SA12.7307.0

Amount of Each Receipt this Period
2200.00

Memo Item
JFC Transfer Memo

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

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2200.00 |
| TOTAL This Period (last page this line number only)..... | 2200.00 |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
True North PAC

A. Anedot

Full Name (Last, First, Middle Initial)

Mailing Address 1340 Poydras St
Suite 1770

City New Orleans State LA Zip Code 70112

Purpose of Disbursement PAC Credit Card Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 30 / 2020

FEC Identification Number: C

Transaction ID : **SB21B.7303**

Amount of Each Disbursement this Period: 10.05

Memo Item

B. Anedot

Full Name (Last, First, Middle Initial)

Mailing Address 1340 Poydras St
Suite 1770

City New Orleans State LA Zip Code 70112

Purpose of Disbursement PAC Credit Card Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 03 / 2020

FEC Identification Number: C

Transaction ID : **SB21B.7304**

Amount of Each Disbursement this Period: 10.05

Memo Item

C. Anedot

Full Name (Last, First, Middle Initial)

Mailing Address 1340 Poydras St
Suite 1770

City New Orleans State LA Zip Code 70112

Purpose of Disbursement PAC Credit Card Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 07 / 2020

FEC Identification Number: C

Transaction ID : **SB21B.7310**

Amount of Each Disbursement this Period: 20.10

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 40.20

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)
True North PAC

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Black Rock Group LLC | | Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 16 / 2020 | |
| Mailing Address 66 Canal Center Plaza Ste 500 | | | |
| City Alexandria | State VA | Zip Code 22314 | |
| Purpose of Disbursement PAC Strategic Consulting | | FEC Identification Number C [] Transaction ID : SB21B.7317 Amount of Each Disbursement this Period [] 5000.00 | |
| Candidate Name | | Category/Type [] | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | <input type="checkbox"/> Memo Item | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Koch & Hoos, LLC | | Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 16 / 2020 | |
| Mailing Address 901 N. Washington St. Suite 700 | | | |
| City Alexandria | State VA | Zip Code 22314 | |
| Purpose of Disbursement PAC Accounting/Compliance Services | | FEC Identification Number C [] Transaction ID : SB21B.7315 Amount of Each Disbursement this Period [] 1250.00 | |
| Candidate Name | | Category/Type [] | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | <input type="checkbox"/> Memo Item | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. MKJ, Inc. | | Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 16 / 2020 | |
| Mailing Address 5422 Albia Road | | | |
| City Bethesda | State MD | Zip Code 20816 | |
| Purpose of Disbursement PAC Fundraising Consulting | | FEC Identification Number C [] Transaction ID : SB21B.7319 Amount of Each Disbursement this Period [] 5000.00 | |
| Candidate Name | | Category/Type [] | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | <input type="checkbox"/> Memo Item | | |

| | |
|---|--------------|
| SUBTOTAL of Disbursements This Page (optional)..... | [] 11250.00 |
| TOTAL This Period (last page this line number only)..... | [] |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
True North PAC

A. MKJ, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 5422 Albia Road

City Bethesda State MD Zip Code 20816

Purpose of Disbursement PAC Fundraising Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 16 / 2020

FEC Identification Number: C

Transaction ID : SB21B.7344

Amount of Each Disbursement this Period: 5000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 5000.00 |
| TOTAL This Period (last page this line number only).....▶ | 16290.20 |

**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)
True North PAC

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. SENATE GEORGIA BATTLEGROUND FUND | | Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 21 / 2020 | |
| Mailing Address PO BOX 60148 | | | |
| City WASHINGTON | State DC | Zip Code 20039 | |
| Purpose of Disbursement Contribution to JFC - Allocated to NRSC | | FEC Identification Number C C00736967 Transaction ID : SB23.7324 | |
| Candidate Name | | Amount of Each Disbursement this Period 15000.00 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | <input type="checkbox"/> Memo Item | | |

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

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

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 15000.00 |
| TOTAL This Period (last page this line number only).....▶ | 15000.00 |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|-----------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 14 OF 14 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> | 9 |
| <input checked="" type="checkbox"/> | 10 |

NAME OF COMMITTEE (In Full)
True North PAC

| | | | |
|--|-------------|-------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MKJ, Inc. | | | Nature of Debt (Purpose): PAC Fundraising Consulting |
| Mailing Address 5422 Albia Road | | | |
| City Bethesda | State MD | Zip Code 20816 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID : SD10.7299 | |
| 5000.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 5000.00 | 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 | | | |
| | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of 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 | | | |
| | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| | | | |

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