

# 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.

CUT THE BULL PAC

ADDRESS (number and street)   
  
 Check if different than previously reported. (ACC)

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

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

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On:
- Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)
  - Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
  - Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)  General (12G)  Runoff (12R)
  - Convention (12C)  Special (12S)

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Type or Print Name of Treasurer Davis, Keith A., , ,

Signature of Treasurer Davis, Keith A., , , Date  /  /

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**CUT THE BULL 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="2024"/>		<input type="text" value="9849.83"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="9810.63"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="9000.00"/>	<input type="text" value="20000.00"/>
(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="18810.63"/>	<input type="text" value="29849.83"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3900.00"/>	<input type="text" value="14939.20"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="14910.63"/>	<input type="text" value="14910.63"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**CUT THE BULL 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).....	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).....	9000.00	20000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	9000.00	20000.00
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)).....▶	9000.00	20000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9000.00	20000.00

**DETAILED SUMMARY PAGE**

of Disbursements

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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 .....	0.00	3239.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	3239.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3900.00	11700.00
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)) ..	3900.00	14939.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3900.00	14939.20

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	9000.00	20000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9000.00	20000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	3239.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	3239.20

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 11
<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)  
**CUT THE BULL PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. AMERICAN HOSPITAL ASSOCIATION PAC**

Mailing Address 800 TENTH STREET, NW  
TWO CITYCENTER, SUITE 400

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00106146

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2024  
**Transaction ID : SA11C.4737**

Amount of Each Receipt this Period  
2000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC**

Mailing Address 1310 G STREET NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00194746

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 29 / 2024  
**Transaction ID : SA11C.4745**

Amount of Each Receipt this Period  
1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1875 I STREET NW  
SUITE 500

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00303339

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2024  
**Transaction ID : SA11C.4736**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
<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)  
**CUT THE BULL PAC**

**A. NATIONAL MULTIFAMILY HOUSING COUNCIL POLITICAL ACTION COMMITTEE**

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

Mailing Address 1775 EYE STRET NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00130773

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2024

**Transaction ID : SA11C.4738**

Amount of Each Receipt this Period  
5000.00

Memo Item

Original Check Cut 12.14.2023 - Lost in Mail, Re-cut to 2023 limits

**B.**

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

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).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CUT THE BULL PAC**

Full Name (Last, First, Middle Initial)

**A. BETH VAN DUYN FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	29	/	2024

Mailing Address P.O. BOX 630167

FEC Identification Number

C	C00714865
---	-----------

City IRVING State TX Zip Code 75063

**Transaction ID : SB23.4750**

Purpose of Disbursement  
void check-original check date 2/9/23

Amount of Each Disbursement this Period

- 2000.00
-----------

Candidate Name

VAN DUYN, ELIZABETH ANN, , ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: TX District: 24

Memo Item

Full Name (Last, First, Middle Initial)

**B. BRANDON FOR CONGRESS NY22**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2024

Mailing Address P.O. BOX 3580

FEC Identification Number

C	C00806307
---	-----------

City SYRACUSE State NY Zip Code 13220

**Transaction ID : SB23.4743**

Purpose of Disbursement  
void check-original check date 11/17/22

Amount of Each Disbursement this Period

- 1000.00
-----------

Candidate Name

WILLIAMS, BRANDON MCDONALD, , ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: NY District: 22

Memo Item

Full Name (Last, First, Middle Initial)

**C. BRANDON FOR CONGRESS NY22**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2024

Mailing Address P.O. BOX 3580

FEC Identification Number

C	C00806307
---	-----------

City SYRACUSE State NY Zip Code 13220

**Transaction ID : SB23.4747**

Purpose of Disbursement  
contribution

Amount of Each Disbursement this Period

3300.00
---------

Candidate Name

WILLIAMS, BRANDON MCDONALD, , ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: NY District: 22

Memo Item

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

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

300.00
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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)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)
CUT THE BULL PAC

Full Name (Last, First, Middle Initial)

A. BRANDON FOR CONGRESS NY22

Mailing Address P.O. BOX 3580

City SYRACUSE State NY Zip Code 13220

Purpose of Disbursement contribution

Candidate Name WILLIAMS, BRANDON MCDONALD, , ,

Office Sought: [X] House [ ] Senate [ ] President
Disbursement For: 2024
[ ] Primary [X] General [ ] Other (specify)
State: NY District: 22

Date of Disbursement

Date selection grid showing 03 / 26 / 2024

FEC Identification Number

C C00806307

Transaction ID : SB23.4748

Amount of Each Disbursement this Period

Amount selection grid showing 3300.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

B. DONALD J. TRUMP FOR PRESIDENT 2024, INC.

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement void check-original check date 7/12/23

Candidate Name TRUMP, DONALD J., , ,

Office Sought: [ ] House [ ] Senate [X] President
Disbursement For: 2024
[X] Primary [ ] General [ ] Other (specify)
State: District: 00

Date of Disbursement

Date selection grid showing 03 / 14 / 2024

FEC Identification Number

C C00828541

Transaction ID : SB23.4732

Amount of Each Disbursement this Period

Amount selection grid showing - 3300.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. DONALD J. TRUMP FOR PRESIDENT 2024, INC.

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement void check-original check date 7/12/23

Candidate Name TRUMP, DONALD J., , ,

Office Sought: [ ] House [ ] Senate [X] President
Disbursement For: 2024
[ ] Primary [X] General [ ] Other (specify)
State: District: 00

Date of Disbursement

Date selection grid showing 03 / 14 / 2024

FEC Identification Number

C C00828541

Transaction ID : SB23.4733

Amount of Each Disbursement this Period

Amount selection grid showing - 3300.00

[ ] Memo Item

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

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

Amount selection grid showing - 3300.00

Amount selection grid showing - 3300.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CUT THE BULL PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT 2024, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2024

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

FEC Identification Number

**C** C00828541

**Transaction ID : SB23.4734**

Amount of Each Disbursement this Period

3300.00

Purpose of Disbursement  
contribution

Category/Type

Candidate Name

TRUMP, DONALD J., , ,

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT 2024, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2024

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

FEC Identification Number

**C** C00828541

**Transaction ID : SB23.4735**

Amount of Each Disbursement this Period

3300.00

Purpose of Disbursement  
contribution

Category/Type

Candidate Name

TRUMP, DONALD J., , ,

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**C. ESPOSITO FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	20	/	2024

Mailing Address P.O. BOX 622

City GOSHEN State NY Zip Code 10924

FEC Identification Number

**C** C00852889

**Transaction ID : SB23.4742**

Amount of Each Disbursement this Period

3300.00

Purpose of Disbursement  
contribution

Category/Type

Candidate Name

ESPOSITO, ALISON, , ,

Office Sought:  House  Senate  President  
State: NY District: 18

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Memo Item

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

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

9900.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CUT THE BULL PAC**

Full Name (Last, First, Middle Initial)

**A. LANGWORTHY FOR CONGRESS**

Mailing Address P.O. BOX 120

City CLARENCE State NY Zip Code 14031

Purpose of Disbursement  
void check-original check date 11/17/22

Candidate Name  
LANGWORTHY FOR CONGRESS

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: NY District: 23

Date of Disbursement

MM / DD / YYYY  
03 / 29 / 2024

FEC Identification Number

C C00817932

Transaction ID : SB23.4749

Amount of Each Disbursement this Period

- 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MICHELLE STEEL FOR CONGRESS**

Mailing Address 92A SURFSIDE AVENUE  
#472

City SURFSIDE State CA Zip Code 90743

Purpose of Disbursement  
void check-original check date 2/9/23

Candidate Name  
STEEL, MICHELLE, , ,

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: CA District: 48

Date of Disbursement

MM / DD / YYYY  
03 / 29 / 2024

FEC Identification Number

C C00704981

Transaction ID : SB23.4751

Amount of Each Disbursement this Period

- 2000.00

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  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY

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)..... ▶

- 3000.00

3900.00