

**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

C3 PAC

ADDRESS (number and street)

PO BOX 26141

Check if different
than previously
reported. (ACC)

ALEXANDRIA

VA

22313

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00680314

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 Y Y

in the
State of(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 Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y 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.

Type or Print Name of Treasurer

Marston, Chris, , ,

Signature of Treasurer

Marston, Chris, , ,

Date

M M M /

D D D /

Y Y 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

C3 PACReport Covering the Period: From:

M M	/	D D	/	Y Y Y Y Y
07		01		2023

 To:

M M	/	D D	/	Y Y Y Y Y
07		31		2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>2023</div>		7649.10
(b) Cash on Hand at Beginning of Reporting Period.....	4839.34	
(c) Total Receipts (from Line 19)	3607.40	27893.80
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	8446.74	35542.90
7. Total Disbursements (from Line 31)	4066.03	31162.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4380.71	4380.71
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

C3 PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
07	/	01	/	2023

To:

M M	/	D D	/	Y Y Y Y
07	/	31	/	2023

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).....	1850.00	7715.00
(ii) Unitemized	1757.40	20178.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3607.40	27893.80
(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)	3607.40	27893.80
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))	3607.40	27893.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3607.40	27893.80

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	4066.03	30622.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4066.03	30622.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	540.00
(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	540.00
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)) ..	4066.03	31162.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4066.03	31162.19

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)	3607.40	27893.80
34. Total Contribution Refunds (from Line 28(d))	0.00	540.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3607.40	27353.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4066.03	30622.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4066.03	30622.19

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 20
(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)

C3 PAC

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

A. Baldwin, Pamela, , ,

Mailing Address 119 12th St

City
Del MarState
CAZip Code
92017FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
retiredOccupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 26 / 2023

Transaction ID : SA11AI.9302

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

B. Balthaar, Susan, , ,

Mailing Address 19636 Gulf Blvd.

City
Indian ShoresState
FLZip Code
33785FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
retiredOccupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2023

Transaction ID : SA11AI.9381

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

C. Brouhard, Jeanine, , ,

Mailing Address 9247 Sepulveda Boulevard, 22

City
North HillsState
CAZip Code
91343FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
retiredOccupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2023

Transaction ID : SA11AI.9427

Amount of Each Receipt this Period

2.00

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

107.00

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 20
(check only one)

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

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. Brouhard, Jeanine, , ,

Mailing Address 9247 Sepulveda Boulevard, 22

City
North Hills

State
CA

Zip Code
91343

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retired

Occupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

07 / 08 / 2023

Transaction ID : SA11AI.9417

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Brouhard, Jeanine, , ,

Mailing Address 9247 Sepulveda Boulevard, 22

City
North Hills

State
CA

Zip Code
91343

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retired

Occupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

07 / 08 / 2023

Transaction ID : SA11AI.9419

Amount of Each Receipt this Period

8.00

☐ Memo Item

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

C. Brouhard, Jeanine, , ,

Mailing Address 9247 Sepulveda Boulevard, 22

City
North Hills

State
CA

Zip Code
91343

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retired

Occupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

345.00

Date of Receipt

07 / 16 / 2023

Transaction ID : SA11AI.9350

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

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

33.00

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 20
(check only one)

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

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. Cartet, Lowell, , ,

Mailing Address 2 Swallow Field

City
Cincinnati

State
OH

Zip Code
45174

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retired

Occupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
07 / 16 / 2023

Transaction ID : SA11AI.9358

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Cassidy, Al, , ,

Mailing Address 2954 Plantation Road

City
Winter Haven

State
FL

Zip Code
33884

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Real Estate Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY
07 / 10 / 2023

Transaction ID : SA11AI.9402

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Cheatham, Nancy M, , ,

Mailing Address 811 West Gray Street

City
Houston

State
TX

Zip Code
77019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Command Ventures INC

Occupation (for Individual)
Controllet

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1490.00

Date of Receipt

MM / DD / YYYY
07 / 21 / 2023

Transaction ID : SA11AI.9316

Amount of Each Receipt this Period

110.00

☐ Memo Item

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

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

240.00

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

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

FOR LINE NUMBER: PAGE 9 OF 20

(check only one)

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

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. Cheatham, Nancy M, , ,

Mailing Address 811 West Gray Street

City
Houston

State
TX

Zip Code
77019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Command Ventures INC

Occupation (for Individual)
Controllet

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1610.00

Date of Receipt

MM / DD / YYYY
07 / 24 / 2023

Transaction ID : SA11AI.9305

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

B. DeFreece, Michael, , ,

Mailing Address 8903 Douglas CT

City
Omaha

State
NE

Zip Code
68114

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retired

Occupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
07 / 16 / 2023

Transaction ID : SA11AI.9346

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Fauntleroy, Kate, , ,

Mailing Address 8046 North Promontory Ranch Road

City
Park City

State
UT

Zip Code
84098

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self

Occupation (for Individual)
real estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY
07 / 07 / 2023

Transaction ID : SA11AI.9423

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

270.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 20
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. Fritts, Courtney, , ,

Mailing Address 510 Golfview Drive

City
Peachtree CityState
GAZip Code
30269FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retiredOccupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2023

Transaction ID : SA11AI.9401

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Garner, Bryan, , ,

Mailing Address 20 Edgewater Drive

City
AmarilloState
TXZip Code
79106FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retiredOccupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2023

Transaction ID : SA11AI.9407

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Gwaltney, Rosalie, , ,

Mailing Address 1531N. Main street Apt.515

City
LovingtonState
NMZip Code
88260FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NorLea HospitalOccupation (for Individual)
Anesthetist

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
07 / 05 / 2023

Transaction ID : SA11AI.9435

Amount of Each Receipt this Period

100.00

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

160.00

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

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

FOR LINE NUMBER: PAGE 11 OF 20
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. Gwaltney, Rosalie, , ,

Mailing Address 1531N. Main street Apt.515

City
Lovington

State
NM

Zip Code
88260

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NorLea Hospital

Occupation (for Individual)
Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

MM / DD / YYYY
07 / 21 / 2023

Transaction ID : SA11AI.9318

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Hornstein, Michael, , ,

Mailing Address 29585 Kraemer Lake Road

City
St Joseph

State
MN

Zip Code
56374

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retired

Occupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

MM / DD / YYYY
07 / 16 / 2023

Transaction ID : SA11AI.9348

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

C. Hucke, Jon, , ,

Mailing Address 2913 Long Loop Unit C

City
Fort Meade

State
MD

Zip Code
20755

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US Army

Occupation (for Individual)
Soldier

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
07 / 08 / 2023

Transaction ID : SA11AI.9410

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

115.00

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

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

FOR LINE NUMBER: PAGE 12 OF 20
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. Johnson, Ralph, , ,

Mailing Address 14806 W Sky Hawk Dr

City
Sun City West

State
AZ

Zip Code
85375

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ralph D Johnson Inc

Occupation (for Individual)

Public Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 14 / 2023

Transaction ID : SA11AI.9374

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Johnson, Ralph, , ,

Mailing Address 14806 W Sky Hawk Dr

City
Sun City West

State
AZ

Zip Code
85375

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ralph D Johnson Inc

Occupation (for Individual)

Public Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

MM / DD / YYYY
07 / 27 / 2023

Transaction ID : SA11AI.9295

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Jones, Craig, , ,

Mailing Address 2021 Jamestown Way

City
Oxnard

State
CA

Zip Code
93035

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

retired

Occupation (for Individual)

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
07 / 10 / 2023

Transaction ID : SA11AI.9396

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

105.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 20
(check only one)

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

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. JonesElliott, Reidun E, , ,

Mailing Address 49 Springbrook Dr Unit 1C

City
Belfast

State
ME

Zip Code
04915

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retired

Occupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
07 / 08 / 2023

Transaction ID : SA11AI.9418

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Klinge, Patricia, , ,

Mailing Address 5428 White Aster Way

City
Indianapolis

State
IN

Zip Code
46237

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retired

Occupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

MM / DD / YYYY
07 / 05 / 2023

Transaction ID : SA11AI.9437

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

C. Leon, Guido, , ,

Mailing Address 4901 Quail Run Avenue

City
Las Cruces

State
NM

Zip Code
88012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

MM / DD / YYYY
07 / 30 / 2023

Transaction ID : SA11AI.9278

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 20
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. Leon, Guido, , ,

Mailing Address 4901 Quail Run Avenue

City
Las CrucesState
NMZip Code
88012FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2023

Transaction ID : SA11AI.9279

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Lewis, Dale, , ,

Mailing Address 6203 Highcroft Drive

City
NaplesState
FLZip Code
34119FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AfcOccupation (for Individual)
Rn/admin asst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2023

Transaction ID : SA11AI.9345

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

C. Mackey, Susan, , ,

Mailing Address 2316 North Patterson Street

City
ValdostaState
GAZip Code
31602FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retiredOccupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2023

Transaction ID : SA11AI.9393

Amount of Each Receipt this Period

100.00

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

205.00

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

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

FOR LINE NUMBER: PAGE 15 OF 20
(check only one)

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

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. Noble, Lawrence, , ,

Mailing Address 567 W.Channel Islands Blvd.

City

Port Hueneme

State

CA

Zip Code

93041

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

07 / 19 / 2023

Transaction ID : SA11AI.9327

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

B. Potignano, Cindy, , ,

Mailing Address 16540 E Gunsight Drive Unit 2003

City

Phoenix

State

AZ

Zip Code

85268

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Southwest Skin Specialists

Occupation (for Individual)

Office Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

07 / 15 / 2023

Transaction ID : SA11AI.9367

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Potignano, Cindy, , ,

Mailing Address 16540 E Gunsight Drive Unit 2003

City

Phoenix

State

AZ

Zip Code

85268

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Southwest Skin Specialists

Occupation (for Individual)

Office Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

405.00

Date of Receipt

07 / 19 / 2023

Transaction ID : SA11AI.9331

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 20
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. Potignano, Cindy, , ,

Mailing Address 16540 E Gunsight Drive Unit 2003

City
PhoenixState
AZZip Code
85268FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southwest Skin SpecialistsOccupation (for Individual)
Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2023

Transaction ID : SA11AI.9314

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

B. Revutsky, Maria, , ,

Mailing Address 5988 South Street Road

City
AuburnState
NYZip Code
13021FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retiredOccupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2023

Transaction ID : SA11AI.9287

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

C. Rock, Ron, , ,

Mailing Address 479 S Windswept Trail

City
Post FallsState
IDZip Code
83854FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retiredOccupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2023

Transaction ID : SA11AI.9360

Amount of Each Receipt this Period

80.00

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

110.00

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

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

FOR LINE NUMBER: PAGE 17 OF 20
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. STRAIGHT, SANDY, , ,

Mailing Address 3218 North Thompson Street

City
Springdale

State
AR

Zip Code
72764

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRAIGHTS LAWN GARDEN

Occupation (for Individual)
BUINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

07 / 09 / 2023

Transaction ID : SA11AI.9404

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. STRAIGHT, SANDY, , ,

Mailing Address 3218 North Thompson Street

City
Springdale

State
AR

Zip Code
72764

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRAIGHTS LAWN GARDEN

Occupation (for Individual)
BUINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

07 / 10 / 2023

Transaction ID : SA11AI.9395

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Sutphin, Lorraine, , ,

Mailing Address 1159 Rt 12a

City
Plainfield

State
NJ

Zip Code
03781

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DHMC

Occupation (for Individual)
Nurse Practitioner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 18 / 2023

Transaction ID : SA11AI.9337

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

85.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 20
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. Swanson, Louise, , ,

Mailing Address 1030 Windsor Drive

City

Thousand Oaks

State

CA

Zip Code

91360

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

Name of Employer (for Individual)

Pacific Edge Marketing Group

Occupation (for Individual)

Administrative Assistant

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2023

Transaction ID : SA11AI.9392

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Trachsel, Thomas, , ,

Mailing Address 910 Council Rock Drive

City

South Lake Tahoe

State

CA

Zip Code

96150

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

Name of Employer (for Individual)

Alpine Carpet One

Occupation (for Individual)

Sales

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2023

Transaction ID : SA11AI.9406

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Vaught, John, , ,

Mailing Address 2920 Demington Avenue Northwest

City

Canton

State

OH

Zip Code

44718

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

Name of Employer (for Individual)

Tri-cast

Occupation (for Individual)

CEO

Receipt For:

☐
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2023

Transaction ID : SA11AI.9409

Amount of Each Receipt this Period

30.00

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

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 20
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. Wells, Brett, , ,

Mailing Address 133 D & Rg Dr.

City
DurangoState
COZip Code
81303FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jeanne Parks Living TrustOccupation (for Individual)
Ranch foreman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2023

Transaction ID : SA11AI.9400

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

B. Wells, Brett, , ,

Mailing Address 133 D & Rg Dr.

City
DurangoState
COZip Code
81303FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jeanne Parks Living TrustOccupation (for Individual)
Ranch foreman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2023

Transaction ID : SA11AI.9293

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. within, jack, , ,

Mailing Address 1535 High St

City
BoulderState
COZip Code
80304FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retiredOccupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2023

Transaction ID : SA11AI.9349

Amount of Each Receipt this Period

75.00

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

115.00

1850.00

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

PAGE 20 OF 20

<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)

C3 PAC

Full Name (Last, First, Middle Initial)

A. Election CFO LLC

Mailing Address PO Box 26141

City
AlexandriaState
VAZip Code
22313

Purpose of Disbursement

Compliance Consulting

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	7			2	0	2	3		

FEC Identification Number

C**Transaction ID : SB21B.9269**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 510 Townsend St

City
San FranciscoState
CAZip Code
94103

Purpose of Disbursement

CC Processing and Sub-Vendor Fees

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	2	3		

FEC Identification Number

C**Transaction ID : SB21B.9270**

Amount of Each Disbursement this Period

3066.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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:

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).....▶

4066.03

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

4066.03