

**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

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

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
06 01 2023

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2023

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

Marston, Chris, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Marston, Chris, , ,

[Electronically Filed]

Date

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

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 PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
06		01		2023

To:

M M	/	D D	/	Y Y Y Y Y
06		30		2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
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colspan="5">2023</td></tr></table>	Y	Y	Y	Y	Y	2023						<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><t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This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**C3 PAC**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	2	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	3

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).....	1585.00	5865.00
(ii) Unitemized .....	2165.40	18421.40
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3750.40	24286.40
(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) .....	3750.40	24286.40
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)) .....	3750.40	24286.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3750.40	24286.40

# **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 .....	4156.73	26556.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4156.73	26556.16
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 .....	40.00	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)).....	40.00	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)) ..	4196.73	27096.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4196.73	27096.16

**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) .....	3750.40	24286.40
34. Total Contribution Refunds (from Line 28(d)) .....	40.00	540.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3710.40	23746.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	4156.73	26556.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	4156.73	26556.16

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

PAGE 6 OF 17

<input checked="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. 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 ▼

270.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y  
06 / 26 / 2023

Transaction ID : SA11AI.9111

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 ▼

360.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y  
06 / 13 / 2023

Transaction ID : SA11AI.9196

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 ▼

295.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y  
06 / 03 / 2023

Transaction ID : SA11AI.9258

Amount of Each Receipt this Period

20.00

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

125.00

# 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 17

(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. 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 ▼

297.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 03 / 2023

Transaction ID : SA11AI.9259

Amount of Each Receipt this Period

2.00

☐ 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 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 ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 03 / 2023

Transaction ID : SA11AI.9260

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 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 ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

Transaction ID : SA11AI.9164

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

15.00

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 PageFOR LINE NUMBER: PAGE 8 OF 17  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**C3 PAC**

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

**A. Cassidy, Al, , ,**

Mailing Address 2954 Plantation Road

City  
Winter HavenState  
FLZip Code  
33884FEC 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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 10 / 2023

Transaction ID : SA11Al.9220

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Cheatham, Nancy M, , ,**

Mailing Address 811 West Gray Street

City  
HoustonState  
TXZip Code  
77019FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Command Ventures INCOccupation (for Individual)  
Controllet

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 21 / 2023

Transaction ID : SA11Al.9126

Amount of Each Receipt this Period

110.00

☐ 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  
HoustonState  
TXZip Code  
77019FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Command Ventures INCOccupation (for Individual)  
Controllet

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 24 / 2023

Transaction ID : SA11Al.9115

Amount of Each Receipt this Period

120.00

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

330.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 17  
(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. DeFreece, Michael, , ,**

Mailing Address 8903 Douglas CT

City  
OmahaState  
NEZip Code  
68114FEC 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

Transaction ID : SA11AI.9162

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Fauntleroy, Kate, , ,**

Mailing Address 8046 North Promontory Ranch Road

City  
Park CityState  
UTZip Code  
84098FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
selfOccupation (for Individual)  
real estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 07 / 2023

Transaction ID : SA11AI.9239

Amount of Each Receipt this Period

100.00

☐ 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 ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 05 / 2023

Transaction ID : SA11AI.9250

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)..... ►

250.00

# 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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 21 / 2023

Transaction ID : SA11AI.9128

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

Transaction ID : SA11AI.9161

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

**C. 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 ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 14 / 2023

Transaction ID : SA11AI.9189

Amount of Each Receipt this Period

50.00

☐ 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 RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 17

☒ 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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2023

**Transaction ID : SA11AI.9104**

Amount of Each Receipt this Period

25.00

☐ 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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2023

**Transaction ID : SA11AI.9252**

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2023

**Transaction ID : SA11AI.9086**

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)..... ►

75.00

# 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 17

(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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA11AI.9087

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 17 / 2023

Transaction ID : SA11AI.9159

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 10 / 2023

Transaction ID : SA11AI.9211

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

205.00

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 13 OF 17

(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. 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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 19 / 2023

Transaction ID : SA11AI.9138

Amount of Each Receipt this Period

90.00

☐

Memo Item

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

B. Owen, Phillip, , ,

Mailing Address 21 South Randolph Avenue

City

Kissimmee

State

FL

Zip Code

34741

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Real estate dev

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 19 / 2023

Transaction ID : SA11AI.9139

Amount of Each Receipt this Period

25.00

☐

Memo Item

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

C. Owen, Phillip, , ,

Mailing Address 21 South Randolph Avenue

City

Kissimmee

State

FL

Zip Code

34741

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Real estate dev

Receipt For:

☐  
☐

Primary

☐

General

Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 19 / 2023

Transaction ID : SA11AI.9141

Amount of Each Receipt this Period

25.00

☐

Memo Item

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

140.00

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:  
(check only one)

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☒ 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  
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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 15 / 2023

**Transaction ID : SA11AI.9180**

Amount of Each Receipt this Period

20.00

☐ 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 ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 19 / 2023

**Transaction ID : SA11AI.9143**

Amount of Each Receipt this Period

25.00

☐ 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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 22 / 2023

**Transaction ID : SA11AI.9124**

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)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 17  
(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. 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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

Transaction ID : SA11AI.9174

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

**B. STRAIGHT, SANDY, , ,**

Mailing Address 3218 North Thompson Street

City  
SpringdaleState  
ARZip Code  
72764FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
STRAIGHTS LAWN GARDENOccupation (for Individual)  
BUINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2023

Transaction ID : SA11AI.9223

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. STRAIGHT, SANDY, , ,**

Mailing Address 3218 North Thompson Street

City  
SpringdaleState  
ARZip Code  
72764FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
STRAIGHTS LAWN GARDENOccupation (for Individual)  
BUINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 10 / 2023

Transaction ID : SA11AI.9213

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

135.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 17

<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. Wells, Brett, , ,**

Mailing Address 133 D &amp; 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 ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 10 / 2023

Transaction ID : SA11AI.9218

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 &amp; 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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 27 / 2023

Transaction ID : SA11AI.9102

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

Transaction ID : SA11AI.9163

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

1585.00



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

PAGE 17 OF 17

<input 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  
22313Purpose of Disbursement  
Compliance Consulting

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.8898

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  
94103Purpose of Disbursement  
CC Processing and Sub-Vendor Fees

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.9078

Amount of Each Disbursement this Period

3189.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Stripe, Inc.**

Mailing Address 510 Townsend St

City  
San FranciscoState  
CAZip Code  
94103Purpose of Disbursement  
Fee Adjustments

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.9079

Amount of Each Disbursement this Period

- 32.72

☐ Memo Item

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

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

4156.73

4156.73