

**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)

1390 CHAIN BRIDGE RD

SUITE 515

Check if different
than previously
reported. (ACC)

MCLEAN

VA

22101

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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
01 01 2020

through

M M / D D / Y Y Y Y Y Y
01 31 2020

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

OZANUS, WILLIAM, K, ,

Type or Print Name of Treasurer

Signature of Treasurer

OZANUS, WILLIAM, K, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
02 20 2020

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
01		01		2020

To:

M M	/	D D	/	Y Y Y Y Y
01		31		2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2020</td></tr></table>	Y	Y	Y	Y	Y	2020						<table><tr><td colspan="5"></td><td>46004.07</td></tr></table>						46004.07
Y	Y	Y	Y	Y														
2020																		
					46004.07													
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5"></td><td>46004.07</td></tr></table>						46004.07											
					46004.07													
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5"></td><td>40512.19</td></tr></table>						40512.19	<table><tr><td colspan="5"></td><td>40512.19</td></tr></table>						40512.19				
					40512.19													
					40512.19													
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5"></td><td>86516.26</td></tr></table>						86516.26	<table><tr><td colspan="5"></td><td>86516.26</td></tr></table>						86516.26				
					86516.26													
					86516.26													
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5"></td><td>47743.40</td></tr></table>						47743.40	<table><tr><td colspan="5"></td><td>47743.40</td></tr></table>						47743.40				
					47743.40													
					47743.40													
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5"></td><td>38772.86</td></tr></table>						38772.86	<table><tr><td colspan="5"></td><td>38772.86</td></tr></table>						38772.86				
					38772.86													
					38772.86													
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5"></td><td>0.00</td></tr></table>						0.00											
					0.00													
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5"></td><td>0.00</td></tr></table>						0.00											
					0.00													



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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

C3 PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01	/	01	/	2020

To:

M M	/	D D	/	Y Y Y Y
01	/	31	/	2020

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).....

1960.00

1960.00

(ii) Unitemized

38552.19

38552.19

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

40512.19

40512.19

(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).....▶

40512.19

40512.19

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)).....▶

40512.19

40512.19

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

40512.19

40512.19

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	46766.00	46766.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	46766.00	46766.00
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	977.40	977.40
(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)).....	977.40	977.40
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)) ..	47743.40	47743.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47743.40	47743.40

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)	40512.19	40512.19
34. Total Contribution Refunds (from Line 28(d))	977.40	977.40
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39534.79	39534.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	46766.00	46766.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	46766.00	46766.00

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

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

FOR LINE NUMBER: PAGE 6 OF 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. 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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 24 / 2020

Transaction ID : SA11AI.17425

Amount of Each Receipt this Period

120.00

☐ Memo Item
CONTRIBUTION

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

B. GWALTNEY, ROSALIE, , ,

Mailing Address 1531 N. MAIN STREET

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

C

Name of Employer (for Individual)
NOR-LEA REGIONAL HOSPITALOccupation (for Individual)
NURSE ANESTHETIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 21 / 2020

Transaction ID : SA11AI.17212

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. HAMMETT, PEGGY, , ,

Mailing Address 2330 LAKEWOOD YACHT CLUB DR #3

City
SEABROOKState
TXZip Code
77586FEC 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 19 / 2020

Transaction ID : SA11AI.16915

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

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

420.00

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)

☒ 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. JAMES, JEAN, , ,

Mailing Address 18 MISSISSIPPI RIVER CT

City
TROYState
MOZip Code
63379FEC 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 ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 28 / 2020

Transaction ID : SA11Al.17400

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

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

B. MOORE, LAMONT, , ,

Mailing Address 1827 WEST GOWAN ROAD. APT.1010

City

NORTH LAS VEGAS

State

NV

Zip Code

89032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CCSDOccupation (for Individual)
CUSTODIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 08 / 2020

Transaction ID : SA11Al.15978

Amount of Each Receipt this Period

60.00

☐ Memo Item
CONTRIBUTION

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

C. MOORE, LAMONT, , ,

Mailing Address 1827 WEST GOWAN ROAD. APT.1010

City

NORTH LAS VEGAS

State

NV

Zip Code

89032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CCSDOccupation (for Individual)
CUSTODIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 10 / 2020

Transaction ID : SA11Al.16115

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

155.00

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 8 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. MOORE, LAMONT, , ,

Mailing Address 1827 WEST GOWAN ROAD. APT.1010

City
NORTH LAS VEGAS

State
NV

Zip Code
89032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CCSD

Occupation (for Individual)
CUSTODIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 10 / 2020

Transaction ID : SA11Al.16116

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. MOORE, LAMONT, , ,

Mailing Address 1827 WEST GOWAN ROAD. APT.1010

City
NORTH LAS VEGAS

State
NV

Zip Code
89032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CCSD

Occupation (for Individual)
CUSTODIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 15 / 2020

Transaction ID : SA11Al.16687

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

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

C. MOORE, LAMONT, , ,

Mailing Address 1827 WEST GOWAN ROAD. APT.1010

City
NORTH LAS VEGAS

State
NV

Zip Code
89032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CCSD

Occupation (for Individual)
CUSTODIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 16 / 2020

Transaction ID : SA11Al.16686

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

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

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

100.00

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
☐ 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. MOORE, LAMONT, , ,

Mailing Address 1827 WEST GOWAN ROAD. APT.1010

City
NORTH LAS VEGAS

State
NV

Zip Code
89032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CCSD

Occupation (for Individual)
CUSTODIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

MM / DD / YYYY
01 / 21 / 2020

Transaction ID : SA11AI.17214

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

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

B. MOORE, LAMONT, , ,

Mailing Address 1827 WEST GOWAN ROAD. APT.1010

City
NORTH LAS VEGAS

State
NV

Zip Code
89032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CCSD

Occupation (for Individual)
CUSTODIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

MM / DD / YYYY
01 / 21 / 2020

Transaction ID : SA11AI.17215

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

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

C. MOORE, LAMONT, , ,

Mailing Address 1827 WEST GOWAN ROAD. APT.1010

City
NORTH LAS VEGAS

State
NV

Zip Code
89032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CCSD

Occupation (for Individual)
CUSTODIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

485.00

Date of Receipt

MM / DD / YYYY
01 / 28 / 2020

Transaction ID : SA11AI.17887

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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:
(check only one)

PAGE 10 OF 20

☒ 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. MOORE, LAMONT, , ,

Mailing Address 1827 WEST GOWAN ROAD. APT.1010

City
NORTH LAS VEGAS

State
NV

Zip Code
89032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CCSD

Occupation (for Individual)
CUSTODIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11AI.17886

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

B. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City
LA HABRA

State
CA

Zip Code
90631

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 22 / 2020

Transaction ID : SA11AI.17219

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

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

C. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City
LA HABRA

State
CA

Zip Code
90631

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2020

Transaction ID : SA11AI.17218

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

140.00

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 20

☒ 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. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City
LA HABRA

State
CA

Zip Code
90631

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 25 / 2020

Transaction ID : SA11Al.17478

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

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

B. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City
LA HABRA

State
CA

Zip Code
90631

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 ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 28 / 2020

Transaction ID : SA11Al.17476

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City
LA HABRA

State
CA

Zip Code
90631

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 ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 28 / 2020

Transaction ID : SA11Al.17477

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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:
(check only one)

PAGE 12 OF 20

☒ 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. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City
LA HABRA

State
CA

Zip Code
90631

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 ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 28 / 2020

Transaction ID : SA11AI.17904

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City
LA HABRA

State
CA

Zip Code
90631

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 ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11AI.17902

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

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

C. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City
LA HABRA

State
CA

Zip Code
90631

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 ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11AI.17903

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

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

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

140.00

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)

☒ 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. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City
LA HABRA

State
CA

Zip Code
90631

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 ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11AI.17901

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City
LA HABRA

State
CA

Zip Code
90631

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 ▼

745.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2020

Transaction ID : SA11AI.17900

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. SPENCE, CORINNE, , ,

Mailing Address 2921 LAUREL DR

City
SACRAMENTO

State
CA

Zip Code
95864

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 28 / 2020

Transaction ID : SA11AI.17501

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

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

575.00

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

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

FOR 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. WELLS, MARY, , ,

Mailing Address 168 MOUNTAIN VIEW LANE

City
RICHLAND

State
WA

Zip Code
99352

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 21 / 2020

Transaction ID : SA11AI.17286

Amount of Each Receipt this Period

110.00

☐ Memo Item
CONTRIBUTION

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

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

110.00

1960.00

**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 15 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. CAPCOR STRATEGIES LLC

Date of Disbursement

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

Mailing Address 1345 S CAPITOL ST SW
APT 403City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
POLITICAL STRATEGY CONSULTING/TRAVEL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.17508**

Amount of Each Disbursement this Period

12137.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. OLYMPIC MEDIA LLC

Date of Disbursement

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

Mailing Address 2402 POTOMAC AVE
UNIT 102City
ALEXANDRIAState
VAZip Code
22301Purpose of Disbursement
DIGITAL CONSULTING/WEB SERVICE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.18918**

Amount of Each Disbursement this Period

2480.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. OLYMPIC MEDIA LLC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	2	0

Mailing Address 2402 POTOMAC AVE
UNIT 102City
ALEXANDRIAState
VAZip Code
22301Purpose of Disbursement
DIGITAL CONSULTING/WEB SERVICE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.18918**

Amount of Each Disbursement this Period

6257.77

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

20875.25

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

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

PAGE 16 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. OLYMPIC MEDIA LLCMailing Address 2402 POTOMAC AVE
UNIT 102City
ALEXANDRIAState
VAZip Code
22301Purpose of Disbursement
DIGITAL CONSULTING/WEB SERVICE

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.18920**

Amount of Each Disbursement this Period

1445.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. OLYMPIC MEDIA LLCMailing Address 2402 POTOMAC AVE
UNIT 102City
ALEXANDRIAState
VAZip Code
22301Purpose of Disbursement
DIGITAL CONSULTING/WEB SERVICE

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.18921**

Amount of Each Disbursement this Period

7592.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. OLYMPIC MEDIA LLCMailing Address 2402 POTOMAC AVE
UNIT 102City
ALEXANDRIAState
VAZip Code
22301Purpose of Disbursement
DIGITAL CONSULTING/WEB SERVICE

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.18922**

Amount of Each Disbursement this Period

3017.73

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

12056.17

**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 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. OLYMPIC MEDIA LLCMailing Address 2402 POTOMAC AVE
UNIT 102City
ALEXANDRIAState
VAZip Code
22301Purpose of Disbursement
DIGITAL CONSULTING/WEB SERVICE

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.18923**

Amount of Each Disbursement this Period

4500.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. OLYMPIC MEDIA LLCMailing Address 2402 POTOMAC AVE
UNIT 102City
ALEXANDRIAState
VAZip Code
22301Purpose of Disbursement
DIGITAL CONSULTING/WEB SERVICE

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.18924**

Amount of Each Disbursement this Period

4131.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. OLYMPIC MEDIA LLCMailing Address 2402 POTOMAC AVE
UNIT 102City
ALEXANDRIAState
VAZip Code
22301Purpose of Disbursement
DIGITAL CONSULTING/WEB SERVICE

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.18925**

Amount of Each Disbursement this Period

3574.44

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

12206.55

**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 18 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. REVV

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	2	0

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C **Transaction ID : SB21B.18929**

Amount of Each Disbursement this Period

 260.74☐ Memo Item

Full Name (Last, First, Middle Initial)

B. REVV

Date of Disbursement

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

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C **Transaction ID : SB21B.18930**

Amount of Each Disbursement this Period

 60.23☐ Memo Item

Full Name (Last, First, Middle Initial)

C. REVV

Date of Disbursement

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

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C **Transaction ID : SB21B.18931**

Amount of Each Disbursement this Period

 316.37☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ► 637.34**TOTAL** This Period (last page this line number only)..... ►

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

PAGE 19 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. REVV

Date of Disbursement

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

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.18932**

Amount of Each Disbursement this Period

125.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. REVV

Date of Disbursement

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

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.18938**

Amount of Each Disbursement this Period

187.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. REVV

Date of Disbursement

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

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.18938**

Amount of Each Disbursement this Period

172.13

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

485.41

**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 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. REVV

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2020

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.18940**

Amount of Each Disbursement this Period

148.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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).....▶

148.93

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