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Image# 202202109491617826

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

| FORM 3X  | For Other Than An            | Authorized Committee                   | Office Use Only   |
|--|------------------------------|--|---|
| NAME OF     COMMITTEE (in full)  | TYPE OR PRINT ▼              | Example: If typing, to over the lines. | 12FE4M5   |
| National Association   | of Enrolled Agents           | s Political Action Comm                | nittee  |
|  |                              | 1                                      |   |
| ADDRESS (number and street) ▼ Check if different                                 | Suite 400                    | venue, NW                              |   |
| than previously reported. (ACC)  | Washington                   |  | DC 20036-3118   |
| 2. FEC IDENTIFICATION N  | NUMBER ▼                     | CITY ▲                                 | STATE ▲ ZIP CODE ▲  |
| C C00415372  |                              | 3. IS THIS REPORT NEW (N)              | OR AMENDED (A)  |
| 4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:                           | (b) Monthly Report Due On:   | Mar 20 (M3) Jun 2                      | 20 (M5) Aug 20 (M8) Nov 20 (M1 (Non-Election Year Only) 20 (M6) Sep 20 (M9) Dec 20 (M1 (Non-Election Year Only) 20 (M7) Oct 20 (M10) Jan 31 (YE |
| April 15 Quarterly Report  July 15 Quarterly Report  October 15 Quarterly Report | (Q2) PRE-Election Report for |  |   |
| January 31 Year-End Report  July 31 Mid-Year Report (Non-elect Year Only) (MY)   | ion (d) 30-Day POST-Elec     | Election on                            | State of  Runoff (30R)  Special (30S)   |
| Termination Repo<br>(TER)  |                              | the:  Election on                      | in the State of   |
| 5. Covering Period   |                              | through                                | 01 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| I certify that I have examined Type or Print Name of Treasu                      | Mason, David, , ,            | est of my knowledge and belie          | of it is true, correct and complete.  |
| Signature of Treasurer   | son, David, , ,              | [Electronically File                   | ed] Date 02 07 2022   |
| NOTE: Submission of false, erro  | neous, or incomplete info    | rmation may subject the person s       | signing this Report to the penalties of 52 U.S.C. § 30  |
| Office<br>Use<br>Only  |                              |  | FEC FORM 3X<br>Rev. 05/2016   |

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

#### National Association of Enrolled Agents Political Action Committee

Report Covering the Period: From: 01 01 2022 To: 01 31 2022

|     |  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|-----|--|-------------------------|-----------------------------------|
| 6.  | (a) Cash on Hand  January 1,  2022   |                         | 151332.04                         |
|     | (b) Cash on Hand at Beginning of Reporting Period  | 151332.04               |                                   |
|     | (c) Total Receipts (from Line 19)  | 12351.18                | 12351.18                          |
|     | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)         | 163683.22               | 163683.22                         |
| 7.  | Total Disbursements (from Line 31)   | 15605.89                | 15605.89                          |
| 8.  | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                       | 148077.33               | 148077.33                         |
| 9.  | Debts and Obligations Owed <b>TO</b> 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:

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)

Write or Type Committee Name

#### National Association of Enrolled Agents Political Action Committee

01 2022 01 31 2022 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 7251.18 7251.18 (i) Itemized (use Schedule A)..... 100.00 100.00 (ii) Unitemized ..... (iii) TOTAL (add 7351.18 7351.18 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 7351.18 7351.18 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 5000.00 5000.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... (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))....... 12351.18 12351.18 20. Total Federal Receipts 12351.18 12351.18 (subtract Line 18(c) from Line 19) .......▶

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| Operating Expenditures:     (a) Allocated Federal/Non-Federal     Activity (from Schedule H4)                    |                               | Caronaa Tour to Date              |
| (i) Federal Share  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share   | 0.00                          | 0.00                              |
| (b) Other Federal Operating  |                               |                                   |
| Expenditures   | 105.89                        | 105.89                            |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶   | 105.89                        | 105.89                            |
| Transfers to Affiliated/Other Party  | 0.00                          | 0.00                              |
| Contributions to   | 0.00                          | 0.00                              |
| Federal Candidates/Committees and Other Political Committees   | 15000.00                      | 15000.00                          |
| Independent Expenditures (use Schedule E)  | 0.00                          | 0.00                              |
| Coordinated Party Expenditures<br>(52 U.S.C. § 30116(d))   | 0.00                          | 0.00                              |
| (use Schedule F)   | 0.00                          | 0.00                              |
| Loan Repayments Made   | 0.00                          | 0.00                              |
| Loans Made   | 0.00                          | 0.00                              |
| Refunds of Contributions To:  (a) Individuals/Persons Other Than Political Committees                            | 500.00                        | 500.00                            |
|  | 300.00                        | 300.00                            |
| (b) Political Party Committees   | 0.00                          | 0.00                              |
| (such as PACs)   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds   |                               |                                   |
| (add Lines 28(a), (b), and (c))  | 500.00                        | 500.00                            |
| Other Disbursements (Including   |                               |                                   |
| Non-Federal Donations)   | 0.00                          | 0.00                              |
| Federal Election Activity (52 U.S.C. § 30101(20<br>(a) Allocated Federal Election Activity<br>(from Schedule H6) | 0))                           |                                   |
| (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   | 0.00                          | 0.00                              |
| Lines 30(a)(i), 30(a)(ii) and 30(b))   | 0.00                          | 0.00                              |
| Total Disbursements (add Lines 21(c), 22,  |                               |                                   |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c))   | 15605.89                      | 15605.89                          |
| Total Federal Disbursements  |                               |                                   |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)  | 4505.00                       |                                   |
|  | 15605.89                      | 15605.89                          |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016) III. Net Contributions/

**Operating Expenditures** 

33. Total Contributions (other than loans)

35. Net Contributions (other than loans)

36. Total Federal Operating Expenditures

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date 7351.18 7351.18 (from Line 11(d), page 3) ..... 500.00 500.00 (from Line 28(d))..... 6851.18 6851.18 (subtract Line 34 from Line 33) ..... 105.89 105.89 (add Line 21(a)(i) and Line 21(b)) .......▶ 0.00 0.00 (from Line 15, page 3)..... 105.89 105.89 (subtract Line 37 from Line 36) ......

FOR LINE NUMBER: PAGE Use separate schedule(s) for each category of the Detailed Summary Page

| I OIT LINE NOWDETT. |         |     | 17101 | - | •   | 0. | . • |  |    |
|---------------------|---------|-----|-------|---|-----|----|-----|--|----|
| (ch                 | ck only |     |       |   |     |    |     |  |    |
| 7                   | K       | 11a | 11b   |   | 11c |    | 12  |  |    |
|                     |         | 13  | 14    |   | 15  |    | 16  |  | 17 |

15

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) National Association of Enrolled Agents Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Miller, Bruce, A.,, Date of Receipt Mailing Address 15315 Magnolia Blvd Ste 113 2022 City State Zip Code Transaction ID: A53A98649C78B4DD7BC7 CA Sherman Oaks 91403-1100 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Enrolled Agent Bruce Miller & Associates** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Thomson, Alexander, B., Date of Receipt Mailing Address 2108 Military Rd 2022 City State Zip Code Transaction ID: ADD9F7EB1771E4753965 VA Arlington 22207-3925 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) The Thomson Management Group Inc. **Enrolled Agent** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00

| Full Name of Individual (Last, First, Middle Cheatham & Associates                            | Date of Receipt |                        |  |
|---|-----------------|------------------------|--|
| Mailing Address 8480 Red Oak St   |                 |                        | 01 06 2022                               |
| City  | State           | Zip Code               | Transaction ID : A71671E7333794F5FA2B    |
| Rancho Cucamonga  | CA              | 91730-3815             | Amount of Each Receipt this Period       |
| FEC ID number of contributing federal political committee.  Name of Employer (for Individual) | Occupa          | ation (for Individual) | 500.00  Memo Item  Refunded on 1/18/2022 |
| Receipt For: Primary General Other (specify)  | Aggregate Ye    | ar-to-Date ▼<br>500.00 | -  |
| SUBTOTAL of Receipts This Page (optional  | )               |                        | 1000.00                                  |

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

15 FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c

Detailed Summary Page 13 14 15 16 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) National Association of Enrolled Agents Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lyman, Nancy, E., , Date of Receipt Mailing Address 28 Hillside Rd 2022 City Zip Code State Transaction ID: ADB6CCED9FFEC4086A4E Rutland 05701-3315 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) O'Brien Shortle Reynolds & Sabotka **Enrolled Agent** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Midwood, Twila, Denton,, Date of Receipt Mailing Address 412 Heathrow Cir 10 2022 City State Zip Code Transaction ID : A166B86EF34794365A58 FL Rockledge 32955-4732 Amount of Each Receipt this Period FEC ID number of contributing 750.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Advanced Tax Centre Inc. **Enrolled Agent** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gorczynski, Thomas, A., , Date of Receipt Mailing Address 221 E Indianola Ave 12 2022 City State Zip Code Transaction ID: ADEBAB512AAC24D46B73 ΑZ Phoenix 85012-2002 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Gorczynski & Associates LLC **Enrolled Agent** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... \_\_\_

Use separate schedule(s) for each category of the

| FOR LINE NUMBER: |     |     | PAGE |     | 8 | OF |  | 15 |    |
|------------------|-----|-----|------|-----|---|----|--|----|----|
| (check only one) |     |     |      |     |   |    |  |    |    |
| ×                | 11a | 11b |      | 11c |   | 12 |  |    |    |
|                  | 13  | 14  |      | 15  |   | 16 |  |    | 17 |

Detailed Summary Page 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) National Association of Enrolled Agents Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Beasterfeld, Peggy, , , Date of Receipt Mailing Address PO Box 5295 2022 City Zip Code State Transaction ID: A4B7F9C9699414327922 KS Topeka 66605-0295 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Peggy's Tax and Accounting **Enrolled Agent** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hudak, Warren, , Mr., Jr. Date of Receipt Mailing Address 1104 Fernwood Ave 01 17 2022 Ste 202 City State Zip Code Transaction ID: A83E5F2CEAFBC4422AE5 PA Camp Hill 17011-6902 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hudak & Company **Enrolled Agent** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Nemeth, Bill, , Mr., Date of Receipt Mailing Address 3631 Chamblee Tucker Rd 18 2022 Ste A City State Zip Code Transaction ID: AC9FBB29ADF1A49F0AA7 GΑ Atlanta 30341-4415 Amount of Each Receipt this Period FEC ID number of contributing C 501.18 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Tax Doctor Inc. **Enrolled Agent** Receipt For: Aggregate Year-to-Date ▼ Primary General 501.18 Other (specify) 1251.18 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 9 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

15

13 14 15 16 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) National Association of Enrolled Agents Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hartmann, Robert, G., Mr., Date of Receipt Mailing Address 1055 Roberta Ln Ste 100 2022 City Zip Code State Transaction ID: A358C996373F64D04BBA NV Sparks 89431-2821 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hartmann Professional Services Inc. **Enrolled Agent** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cosgray, Linda, Day, , Date of Receipt Mailing Address 1840 MacKenzie Dr 2022 Ste 102 City State Zip Code Transaction ID: A4A36B2A4BF3E45FF8FC OH Columbus 43220-2980 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self **Enrolled Agent** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Carlisle, E.A., Michael A., A., Mr., Date of Receipt Mailing Address 6735 78th Ave 2022 City State Zip Code Transaction ID: A5B6EE62C11264A7A9F4 FL Pinellas Park 33781-2028 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Alternative Tax Services Inc. **Enrolled Agent** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

15

for each category of the Detailed Summary Page 13 14 15 16 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) National Association of Enrolled Agents Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Abercrombie, Waymon, Wray,, Date of Receipt Mailing Address 16115 SW 117th Ave Ste 25 2022 City Zip Code State Transaction ID: A5CF4D5623BBB4978B5A FL Miami 33177-1621 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Abercrombie Accounting Services Corp **Enrolled Agent** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MacMillan, Jennifer, Wren, Date of Receipt Mailing Address 435 Bond St 01 2022 City State Zip Code Transaction ID: AB65A3471DCDC411A905 CO Manitou Springs 80829-2159 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Jennifer MacMillan ÈA **Enrolled Agent** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... 7251.18 TOTAL This Period (last page this line number only).....

# S 17

|          | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS                                       |                           |        | se separate schedule(s) or each category of the etailed Summary Page | FOR LINE NUMBER: PAGE 11 OF 15 (check only one)  |
|----------|--|---------------------------|--------|--|--|
| Λ        | y information copied from such Reports and Sta                                   | atomonto ==               |        |  | 13 14 15 X 16 17   |
|          | for commercial purposes, other than using the                                    |                           |        |  |  |
|          | NAME OF COMMITTEE (In Full)  National Association of Enrolled                    | Agents                    | Poli   | tical Action Commit  | tee  |
| Α.       | Full Name of Individual (Last, First, Middle Initi. PORTMAN FOR SENATE COMMITTEE | al) or Full C             | Organ  | ization Name   | Date of Receipt  |
|          | Mailing Address 1111 19th Street NW Suite 1100                                   |                           |        |  | 01 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|          | DUBLIN   | State<br>OH               |        | Zip Code<br>43017-8914   | Transaction ID : A12C294BF9CB0412DB54  Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.                       | C co                      | 0458   | 463  | 5000.00  |
|          | Name of Employer (for Individual)  | Occ                       | upati  | on (for Individual)  | Memo Item Refund of 2/18/18 and 8/15/18 checks   |
|          | Receipt For: 2022  Primary   General  Other (specify) ▼                          | Aggregate                 | Year   | -to-Date ▼ 5000.00   |  |
| —<br>В.  | Full Name of Individual (Last, First, Middle Initi                               | Date of Receipt           |        |  |  |
|          | Mailing Address  | M = M / D = D / Y = Y = Y |        |  |  |
|          | City   | State                     |        | Zip Code   | Amount of Each Receipt this Period   |
|          | FEC ID number of contributing federal political committee.                       | С                         |        |  | Through the residual to the re |
|          | Name of Employer (for Individual)  | Occ                       | cupati | on (for Individual)  | Memo Item  |
|          | Receipt For:  Primary General  Other (specify) ▼                                 | Aggregate                 | Year   | -to-Date ▼   |  |
| <u> </u> | Full Name of Individual (Last, First, Middle Initia                              | al) or Full C             | Organ  | ization Name   | Date of Receipt  |
| 0.       | Mailing Address  |                           |        |  | M = M / D = D / Y = Y = Y  |
|          | City   | State                     |        | Zip Code   | Amount of Each Receipt this Period   |
|          | FEC ID number of contributing federal political committee.                       | С                         | Ξ      |  |  |
|          | Name of Employer (for Individual)  | Occ                       | upatio | on (for Individual)  | Memo Item  |
|          | Receipt For: Primary General Other (specify)                                     | Aggregate                 | Year   | -to-Date ▼   |  |
| s        | UBTOTAL of Receipts This Page (optional)   |                           |        |  | 5000.00  |

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

5000.00

# S П

| SCHEDULE B (FEC Form 3X)                            | FOR LINE    |                                  |                 |               | E NUMBER: PAGE 12 OF 15                 |          |              |                  |      |           |      |  |  |  |
|---|-------------|----------------------------------|-----------------|---------------|---|----------|--------------|------------------|------|-----------|------|--|--|--|
| ITEMIZED DISBURSEMENTS                              |             | rate schedule(s) category of the | (check          | -             |   |          | ۰ <u>0</u> Γ |                  |      | 07        |      |  |  |  |
|   |             | Summary Page                     | ×               | 21b<br>28a    | 22<br>28b                               |          | 23<br>28c    | 26<br>29         |      | 27<br>30b |      |  |  |  |
| Any information copied from such Reports and State  | ments may r | not be sold or us                | ed by any       |               |   |          |              |                  |      |           |      |  |  |  |
| or for commercial purposes, other than using the na |             |                                  |                 |               |   |          |              |                  |      |           |      |  |  |  |
| NAME OF COMMITTEE (In Full)                         |             |                                  |                 |               |   |          |              |                  |      |           |      |  |  |  |
| National Association of Enrolled A                  | gents Po    | litical Actior                   | n Comm          | nitte         | Э                                       |          |              |                  |      |           |      |  |  |  |
| Full Name (Last, First, Middle Initial)             |             |                                  |                 |               | 5.                                      |          |              |                  |      |           |      |  |  |  |
| A. City National Bank                               |             |                                  |                 |               | Date of                                 | t Disbi  |              |                  |      |           |      |  |  |  |
| Mailing Address 2001 M St NW                        |             |                                  |                 |               | 01 01 2022                              |          |              |                  |      |           |      |  |  |  |
| City  | State       | Zip Code                         |                 |               | FFC Id                                  | entifica | ation        | Numbe            | r    |           |      |  |  |  |
| Washington  | DC          | 20036-3310                       |                 |               |   |          | u.i.o.i.i    | 1100             |      |           |      |  |  |  |
| Purpose of Disbursement Bank Fees                   |             |                                  |                 | 71            | С                                       |          |              |                  |      |           |      |  |  |  |
| Candidate Name                                      |             |                                  | 0-1             |               |   |          |              | D : <b>B33</b> 9 |      |           | riad |  |  |  |
|   |             |                                  | Categor<br>Type | y/            | Amoun                                   | i oi E   | acn L        | isburse          | ment | triis Pe  | Tiou |  |  |  |
| Office Sought: House Disburse                       | ement For:  | L                                |                 |               | Ι.                                      |          |              | 1 20             | 1    | 105.89    |      |  |  |  |
| Senate  | Primary     | General                          |                 |               |   | ,        |              | ,                |      |           |      |  |  |  |
| State: District:                                    | Other (spec | cify) 🔻                          |                 | Me            | mo Ite                                  | em       |              |                  |      |           |      |  |  |  |
| Full Name (Last, First, Middle Initial)             |             |                                  |                 | $\rightarrow$ |   |          |              |                  |      |           |      |  |  |  |
| B.  |             |                                  |                 |               | Date of                                 | f Disbu  | ursen        | nent             |      |           |      |  |  |  |
|   |             |                                  |                 |               | M M / D D / Y Y Y Y                     |          |              |                  |      |           |      |  |  |  |
| Mailing Address                                     |             |                                  |                 |               |   |          |              |                  |      |           |      |  |  |  |
| City  | State       | Zip Code                         |                 |               | FEC Identification Number               |          |              |                  |      |           |      |  |  |  |
| Durana of Dishuranasa                               |             |                                  |                 |               |   |          |              |                  |      |           |      |  |  |  |
| Purpose of Disbursement                             |             |                                  |                 | 71            | Amount of Each Dishuracment this Pariod |          |              |                  |      |           |      |  |  |  |
| Candidate Name                                      |             |                                  | Cotogor         |               |   |          |              |                  |      |           |      |  |  |  |
|   |             | Category/<br>Type                |                 |               | Amount of Each Disbursement this Period |          |              |                  |      |           |      |  |  |  |
| Office Sought: House Disburse                       | ment For:   |                                  |                 |               | L.                                      | - 7      |              |                  |      |           |      |  |  |  |
| Senate  | Primary     | General                          |                 |               |   |          |              |                  |      |           |      |  |  |  |
| President State: District:                          | Other (spec | сіту)                            |                 |               | Me                                      | mo Ite   | em           |                  |      |           |      |  |  |  |
| Full Name (Last, First, Middle Initial)             |             |                                  |                 | _             |   |          |              |                  |      |           |      |  |  |  |
| C.  |             |                                  |                 |               | Date of                                 | f Disbu  | ursen        | nent             |      |           |      |  |  |  |
|   |             |                                  |                 |               | M M                                     | /        | D   D        | /                | ΥΙΥ  | YYY       | 7    |  |  |  |
| Mailing Address                                     |             |                                  |                 |               |   | J L      | _            |                  |      |           | _    |  |  |  |
| City  | State       | Zip Code                         |                 |               | FEC Id                                  | entifica | ation        | Numbe            | r    |           |      |  |  |  |
| Purpose of Disbursement                             |             |                                  |                 |               |   |          | _            | •                |      | $\neg$    |      |  |  |  |
| Tulpose of bisbursement                             |             |                                  | Г.              | 71            | C                                       |          |              |                  |      |           |      |  |  |  |
| Candidate Name                                      |             |                                  | Categor         | w/            | Amount of Each Disbursement this Period |          |              |                  |      |           |      |  |  |  |
|   |             |                                  | Type            |               |   |          |              |                  |      |           |      |  |  |  |
|   | ement For:  |                                  |                 |               |   |          |              | -                |      |           |      |  |  |  |
| Senate  | Primary     | General                          |                 |               |   |          |              |                  |      |           |      |  |  |  |
| State: District:                                    | Other (spec | Jily) ▼                          |                 |               | Me                                      | mo Ite   | em           |                  |      |           |      |  |  |  |
| Side. District.                                     |             |                                  |                 |               |   |          |              |                  |      |           | _    |  |  |  |
| SUBTOTAL of Disbursements This Page (optional).     |             |                                  |                 | •             |   |          |              |                  |      | 105.89    |      |  |  |  |
|   |             |                                  |                 | _             | $\overline{}$                           |          | =            |                  |      | 405.55    | 一    |  |  |  |
| TOTAL This Period (last page this line number only  | /)          |                                  |                 | <b>•</b>      |   |          |              |                  |      | 105.89    |      |  |  |  |

| SCHEDULE B (FEC Form 3X)   | Use separate schedule(s)                          | FOR LINE (check only |  |  |  |  |  |  |
|--|---|----------------------|--|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS   | for each category of the<br>Detailed Summary Page | 21b<br>28a           | 22 <b>X</b> 23 26 27 28b 28c 29 30b  |  |  |  |  |  |
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| NAME OF COMMITTEE (In Full)  |   |                      | The state of the s |  |  |  |  |  |
| National Association of Enrolled Ag  | gents Political Action                            | n Committe           | ee   |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  |   |                      | 5 . (5:1   |  |  |  |  |  |
| A. Vern Buchanan for Congress  |   |                      | Date of Disbursement   |  |  |  |  |  |
| Mailing Address PO Box 15239   |   |                      | 01 05 2022   |  |  |  |  |  |
| ,  | State Zip Code                                    |                      | FEC Identification Number  |  |  |  |  |  |
| Washington   | DC 20003-0239                                     |                      |  |  |  |  |  |  |
| Purpose of Disbursement  |   |                      | C C00412759  |  |  |  |  |  |
| Candidate Name   |   |                      | Transaction ID : BF8A0EF557  |  |  |  |  |  |
| Buchanan, Vern, , Rep.,  |   | Category/<br>Type    | Amount of Each Disbursement this Period  |  |  |  |  |  |
|  | nent For: 2022                                    | . 715 -              | 5000.00  |  |  |  |  |  |
| Senate   | Primary <b>x</b> General                          |                      |  |  |  |  |  |  |
| President State: FL District: 16   | Other (specify) ▼                                 |                      | Memo Item  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  |   |                      |  |  |  |  |  |  |
| 3. Vern Buchanan for Congress  |   |                      | Date of Disbursement   |  |  |  |  |  |
| Mailing Address PO Box 15239   |   |                      | 01 05 7 2022   |  |  |  |  |  |
| City   | State Zip Code                                    |                      | FFC Identification Number  |  |  |  |  |  |
| Washington   | DC 20003-0239                                     |                      | FEC Identification Number  |  |  |  |  |  |
| Purpose of Disbursement Contribution to Committee  |   | · · · ·              | C C00412759  |  |  |  |  |  |
| Candidate Name   |   | Catagory             | Transaction ID : B43F460B4C( Amount of Each Disbursement this Period   |  |  |  |  |  |
| Buchanan, Vern, , Rep.,  |   | Category/<br>Type    | Amount of Lacif Disbursement this Fellou   |  |  |  |  |  |
| the state of the s | nent For: 2022                                    |                      | 5000.00  |  |  |  |  |  |
|  | Primary General                                   |                      |  |  |  |  |  |  |
| State: FL District: 16   | Other (specify)                                   |                      | Memo Item  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  |   |                      |  |  |  |  |  |  |
| C. Grassley Committee, Inc.  |   |                      | Date of Disbursement   |  |  |  |  |  |
| Mailing Address 1020 North Fairfax Street Suite 201  |   |                      | 01 31 / 2022   |  |  |  |  |  |
|  | State Zip Code                                    |                      | FEC Identification Number  |  |  |  |  |  |
| Alexandria   | VA 22314-2068                                     |                      |  |  |  |  |  |  |
| Purpose of Disbursement<br>Contribution to Committee   |   | · · ·                | C C00230482  Transaction ID : B6580E6310I  |  |  |  |  |  |
| Candidate Name   |   | Category/            | Amount of Each Disbursement this Period  |  |  |  |  |  |
| Grassley, Chuck, , Sen.,   |   | Type                 |  |  |  |  |  |  |
|  | ment For: 2022                                    |                      | 1500.00  |  |  |  |  |  |
|  | Other (specify) —                                 |                      |  |  |  |  |  |  |
| State: IA District:  | Other (specify) ▼                                 |                      | Memo Item  |  |  |  |  |  |
| State. IA Biotriot.  |   |                      |  |  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)   |   |                      | 11500.00   |  |  |  |  |  |
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| TOTAL This Period (last page this line number only)  |   |                      |  |  |  |  |  |  |

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| SCHEDULE B (FEC Form 3X)  |                              |  | EOD LIN           | NUMBER: PAGE 14 OF 15  |  |  |  |  |  |
|---|------------------------------|--|-------------------|--|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS  |                              | ate schedule(s)                        | (check of         | E NOMBEN.  |  |  |  |  |  |
|   |                              | ategory of the<br>ummary Page          | 21                | · _ ·  |  |  |  |  |  |
|   | Dotalloa o                   |  | 28                | a 28b 28c 29 30b   |  |  |  |  |  |
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| NAME OF COMMITTEE (In Full)   |                              |  |                   |  |  |  |  |  |  |
| National Association of Enrolled A  | gents Pol                    | itical Actior                          | Commit            | tee  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |                              |  |                   | B (B)  |  |  |  |  |  |
| A. Hawkeye PAC  |                              |  |                   | Date of Disbursement   |  |  |  |  |  |
| Mailing Address 1020 North Fairfax Street Suite 201   |                              |  |                   | 01 31 2022   |  |  |  |  |  |
| City  | State                        | Zip Code                               |                   | FEC Identification Number  |  |  |  |  |  |
| Alexandria  | VA                           | 22314-2068                             |                   |  |  |  |  |  |  |
| Purpose of Disbursement Contribution to Committee   |                              |  | · · · ·           | C C00379479  Transaction ID : BA2411DA46   |  |  |  |  |  |
| Candidate Name  |                              |  | Category/         | Amount of Each Disbursement this Period  |  |  |  |  |  |
| Hawkeye PAC   |                              |  | Type              |  |  |  |  |  |  |
|   | ment For: 20                 |  |                   | 3500.00  |  |  |  |  |  |
| Senate President  | Primary                      | General                                |                   |  |  |  |  |  |  |
| State: President X  | Other (speci                 | Other                                  |                   | Memo Item  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |                              |  |                   |  |  |  |  |  |  |
| B.  |                              |  |                   | Date of Disbursement   |  |  |  |  |  |
|   |                              |  |                   | M M / D D / Y Y Y Y  |  |  |  |  |  |
| Mailing Address   |                              |  |                   | FEC Identification Number  |  |  |  |  |  |
| City  | State                        | Zip Code                               |                   |  |  |  |  |  |  |
| Durana of Dialamanana   |                              |  |                   |  |  |  |  |  |  |
| Purpose of Disbursement   |                              |  |                   | Amount of Each Disbursement this Period  |  |  |  |  |  |
| Candidate Name  |                              |  | Ontonous          |  |  |  |  |  |  |
|   |                              |  | Category/<br>Type |  |  |  |  |  |  |
| Office Sought: House Disburse   | ment For:                    | I                                      |                   | 7   : : : : : : : : : : :  |  |  |  |  |  |
| Senate  | Primary                      | General                                |                   |  |  |  |  |  |  |
| President   | Other (speci                 | fy)                                    |                   | Memo Item  |  |  |  |  |  |
| State: District:  |                              |  |                   |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  C.   |                              |  |                   | Date of Disbursement   |  |  |  |  |  |
| •   |                              |  |                   | M M / D D / Y Y Y Y  |  |  |  |  |  |
| Mailing Address   |                              |  |                   |  |  |  |  |  |  |
| City  | State                        | Zip Code                               |                   | FEC Identification Number  |  |  |  |  |  |
| Purpose of Disbursement   |                              |  |                   | C  |  |  |  |  |  |
|   |                              |  |                   | C  |  |  |  |  |  |
| Candidate Name  |                              |  | Category/<br>Type | Amount of Each Disbursement this Period  |  |  |  |  |  |
| Office Sought: House Disburse   | ment For:                    |  | 1,700             | -  |  |  |  |  |  |
| Senate  | Primary                      | General                                |                   | 7 7 7  |  |  |  |  |  |
| President   | Other (speci                 | fy) ▼                                  |                   | Memo Item  |  |  |  |  |  |
| State: District:  |                              |  |                   | LI Monto Noni  |  |  |  |  |  |
|   |                              |  |                   | 3500.00  |  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)  |                              |  | ·····•            | 3500.00  |  |  |  |  |  |
| TOTAL This Period (last page this line number only  | ·)                           |  |                   | 15000.00   |  |  |  |  |  |

| 30 | CHEDULE B (FEC Form 3X)   |                         | INF N          | NUMBER: PAGE 15 OF 15 |          |   |           |            |           |           |       |      |  |  |  |
|----|---|-------------------------|----------------|-----------------------|----------|---|-----------|------------|-----------|-----------|-------|------|--|--|--|
| T  | EMIZED DISBURSEMENTS  | Use separ for each c    | (check         |                       | y one)   |   |           |            |           |           |       |      |  |  |  |
|    |   | Detailed S              |                | 21b                   | 22 23 26 |   |           |            |           | 27<br>30b |       |      |  |  |  |
| _  |   | <u> </u>                |                |                       | 28a      | 28b                                     | 280       |            | 29        |           |       |      |  |  |  |
|    | ny information copied from such Reports and Statem for commercial purposes, other than using the name |                         |                |                       |          |   |           |            |           |           |       | •    |  |  |  |
| \  | NAME OF COMMITTEE (In Full)   |                         |                |                       |          |   |           |            |           |           |       |      |  |  |  |
| /  | National Association of Enrolled Ag   | gents Pol               | litical Action | Comm                  | ittee    | )                                       |           |            |           |           |       |      |  |  |  |
| ۹. | Full Name (Last, First, Middle Initial)  Cheatham & Associates  |                         |                |                       |          | Date of Disbursement                    |           |            |           |           |       |      |  |  |  |
|    |   |                         |                |                       |          | M M                                     | / D       | ■ D        | / Y       | YY        | ■ Y   |      |  |  |  |
|    | Mailing Address 8480 Red Oak St   |                         |                |                       |          |   |           | 01 18 2022 |           |           |       |      |  |  |  |
|    | -   | State                   | Zip Code       |                       |          | FEC Ide                                 | entificat | ion N      | Number    |           |       |      |  |  |  |
|    | Rancho Cucamonga Purpose of Disbursement  | CA                      | 91730-3815     |                       |          |   |           | _          |           |           | 1     |      |  |  |  |
|    | Refund of 1/6/2022 contribution   |                         |                |                       | 7        | C                                       |           |            |           |           |       |      |  |  |  |
|    | Candidate Name  |                         |                | Category              |          | Tra<br>Amount                           |           |            | : B8F8    |           |       | vd.  |  |  |  |
|    |   |                         |                | Type                  | ′        | Amount                                  | UI Lac    | II DR      | spui seii | ient tins | reno  | Ju . |  |  |  |
|    | Office Sought: House Disbursen  | nent For:               |                |                       |          | L.,                                     |           |            | - 40      | 500       | 0.00  |      |  |  |  |
|    |   | Primary                 | General        |                       |          |   |           |            | ,         |           |       |      |  |  |  |
|    | State: District:  | Other (speci            | ify) ▼         |                       | Mei      | mo Item                                 | 1         |            |           |           |       |      |  |  |  |
|    | Full Name (Last, First, Middle Initial)   |                         |                |                       |          |   |           |            |           |           |       |      |  |  |  |
| 3. | - Land (2001) - 1101) - 111001  |                         |                |                       |          | Date of Disbursement                    |           |            |           |           |       |      |  |  |  |
|    |   |                         |                |                       |          | M = M                                   | / D       | ■ D        | / Y       | YYY       | ■ Y   |      |  |  |  |
|    | Mailing Address   |                         |                |                       |          |   |           |            |           |           |       |      |  |  |  |
|    | City  | State                   | Zip Code       |                       |          | FEC Identification Number               |           |            |           |           |       |      |  |  |  |
|    | Purpose of Disbursement   |                         |                |                       | _        | С                                       |           |            |           |           | 1     |      |  |  |  |
|    |   |                         |                |                       |          |   |           | _          |           |           | l .   |      |  |  |  |
|    | Candidate Name  |                         |                | Category              | ,        | Amount                                  | of Eac    | h Dis      | sbursem   | ent this  | Perio | od   |  |  |  |
|    |   |                         |                | Type                  |          |   |           | _          | -         | _         | -     | 7    |  |  |  |
|    | Office Sought: House Disbursem  |                         | Comenal        |                       |          | 11414                                   |           |            |           |           |       |      |  |  |  |
|    |   | Primary<br>Other (speci | General        |                       |          |   |           |            |           |           |       |      |  |  |  |
|    | State: District:  | Other (speci            | ··y)           |                       |          | Memo Item                               |           |            |           |           |       |      |  |  |  |
|    | Full Name (Last, First, Middle Initial)   |                         |                |                       |          |   |           |            |           |           |       |      |  |  |  |
| С. |   |                         |                |                       |          | Date of                                 | Disbur    | seme       | ent       |           |       |      |  |  |  |
|    | Mailing Address   |                         |                |                       |          | M M                                     | / D       | ■ D        | / Y       | YY        | Y     |      |  |  |  |
|    | Mailing Address   |                         |                |                       |          | -                                       | -         | _          |           |           | -     |      |  |  |  |
|    | City  | State                   | Zip Code       |                       |          | FEC Ide                                 | entificat | ion N      | Number    |           |       |      |  |  |  |
|    | Purpose of Disbursement   |                         |                |                       | _        | С                                       |           |            |           |           | 1     |      |  |  |  |
|    |   |                         |                |                       | ш        |   |           | _          |           |           |       |      |  |  |  |
|    | Candidate Name  |                         |                | Category              | /        | Amount of Each Disbursement this Period |           |            |           |           |       |      |  |  |  |
|    | Office Sought: House Disbursen  | nent For:               |                | Туре                  | _        |   |           |            |           |           |       |      |  |  |  |
|    |   | Primary                 | General        |                       |          |   |           | _          | 7         |           | -     |      |  |  |  |
|    |   | Other (speci            |                |                       |          | Memo Item                               |           |            |           |           |       |      |  |  |  |
|    | State: District:  |                         |                |                       |          | L IVIEI                                 | no iteli  | <u>'</u>   |           |           |       |      |  |  |  |
| s  | SUBTOTAL of Disbursements This Page (optional)  |                         |                |                       | <b>-</b> |   |           |            |           | 50        | 0.00  |      |  |  |  |
|    |   |                         |                |                       | _        |   | -         |            |           | 50        | 0.00  |      |  |  |  |
| Т  | <b>OTAL</b> This Period (last page this line number only).  |                         |                |                       |          |   |           |            |           | 500       | 0.00  |      |  |  |  |