

**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

BRAVE PAC

ADDRESS (number and street)

499 S. CAPITOL ST, SW

SUITE 420

Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00430579

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer

Angerholzer, Lindsay, , ,

Signature of Treasurer

Angerholzer, Lindsay, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

BRAVE PAC

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2023

To:

MM / DD / YYYY
12 / 31 / 2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2023		66081.32
(b) Cash on Hand at Beginning of Reporting Period.....	95082.61	
(c) Total Receipts (from Line 19)	47000.00	118500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	142082.61	184581.32
7. Total Disbursements (from Line 31)	74915.69	117414.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	67166.92	67166.92
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

BRAVE PAC

Report Covering the Period:

From:

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

To:

M M / D D / Y Y Y Y Y
12 31 2023**I. Receipts****COLUMN A**
Total This Period**COLUMN B**
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1500.00

3500.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

1500.00

3500.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

45500.00

115000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

47000.00

118500.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))

47000.00

118500.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

47000.00

118500.00

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	33415.69	54914.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	33415.69	54914.40
22. Transfers to Affiliated/Other Party Committees.....	30000.00	30000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11500.00	32500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	74915.69	117414.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	74915.69	117414.40

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)	47000.00	118500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47000.00	118500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	33415.69	54914.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	33415.69	54914.40

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 19
(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)

BRAVE PAC

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

A. Austin, Lindsay, , ,

Mailing Address 1510 D St. SE

City
WashingtonState
DCZip Code
20003FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Troutman Pepper

Occupation (for Individual)

Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2023

Transaction ID : SA11AI.5140

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. ActBlue Technical Services

Mailing Address P.O. Box 44146

City
SomervilleState
MAZip Code
02144FEC 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 ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2023

Transaction ID : SA11AI.5140.0

Amount of Each Receipt this Period

500.00

☒ Memo Item

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

C. Downs, John, H, Mr., Jr.

Mailing Address 3359 WoodHaven Rd. NW

City
AtlantaState
GAZip Code
30305FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Georgia World Congress Center

Occupation (for Individual)

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2023

Transaction ID : SA11AI.5162

Amount of Each Receipt this Period

1000.00

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

1500.00

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 19

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BRAVE PAC

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

A. AFLAC POLITICAL ACTION COMMITTEE (AFLAC PAC)

Mailing Address 1932 WYNNTON ROAD

City
COLUMBUSState
GAZip Code
31999FEC ID number of contributing
federal political committee.**C**

C00034157

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2023**Transaction ID : SA11C.5154**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

B. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)Mailing Address 1120 CONNECTICUT AVENUE NW
SUITE 600City
WASHINGTONState
DCZip Code
20036FEC ID number of contributing
federal political committee.**C**

C00004275

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2023**Transaction ID : SA11C.5155**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

C. AMERICAN EXPRESS COMPANY POLITICAL ACTION COMMITTEE (AXPPAC)

Mailing Address 801 PENNSYLVANIA AVE. NW SUITE 650

City
WASHINGTONState
DCZip Code
20004FEC ID number of contributing
federal political committee.**C**

C00040535

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 26 / 2023**Transaction ID : SA11C.5131**

Amount of Each Receipt this Period

2500.00

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

10000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 19

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BRAVE PAC**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BIPARTISAN VOLUNTARY PUBLIC AFFAIRS COMMITTEE OF THE PNC FINANCIAL SERVICES GROUP, INC.

Mailing Address 249 FIFTH AVENUE, 21ST FLOOR

City
PITTSBURGHState
PAZip Code
15222FEC ID number of contributing
federal political committee.

C

C00035519

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2023

Transaction ID : SA11C.5159

Amount of Each Receipt this Period

5000.00

☐ Memo Item**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CME GROUP INC. PAC

Mailing Address 20 SOUTH WACKER DRIVE

City
CHICAGOState
ILZip Code
60606FEC ID number of contributing
federal political committee.

C

C00076299

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 19 / 2023

Transaction ID : SA11C.5147

Amount of Each Receipt this Period

5000.00

☐ Memo Item**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Committee for Advancement of Cotton

Mailing Address P.O. Box 2995

City
CordovaState
TNZip Code
38088FEC 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 ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2023

Transaction ID : SA11C.5145

Amount of Each Receipt this Period

5000.00

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

15000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 19
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BRAVE PAC

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

A. Hardwood Federation PAC Inc.Mailing Address 1101 K St. NW
Suite 700City
WashingtonState
DCZip Code
20005FEC 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 ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2023**Transaction ID : SA11C.5129**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. INTERNATIONAL PAPER POLITICAL ACTION COMMITTEE (IP-PAC)Mailing Address 1101 PENNSYLVANIA AVENUE NW
SUITE 200City
WASHINGTONState
DCZip Code
20004FEC ID number of contributing
federal political committee.**C** C00034405

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2023**Transaction ID : SA11C.5134**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

C. JPMORGAN CHASE & CO. FEDERAL POLITICAL ACTION COMMITTEEMailing Address 601 PENNSYLVANIA AVENUE, NW
7TH FLOORCity
WASHINGTONState
DCZip Code
20004FEC ID number of contributing
federal political committee.**C** C00104299

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2023**Transaction ID : SA11C.5152**

Amount of Each Receipt this Period

5000.00

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

11000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 19
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BRAVE PAC

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

A. NATIONAL AUTOMOBILE DEALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 8400 WESTPARK DRIVE

City
TYSONSState
VAZip Code
22102FEC ID number of contributing
federal political committee.**C**

C00040998

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2023

Transaction ID : SA11C.5160

Amount of Each Receipt this Period

5000.00

☐

Memo Item

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

B. ORGANIC TRADE ASSOCIATION PAC (ORGANIC PAC)Mailing Address 444 NORTH CAPITOL NW
SUITE 445ACity
WASHINGTONState
DCZip Code
20001FEC ID number of contributing
federal political committee.**C**

C00492132

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2023

Transaction ID : SA11C.5150

Amount of Each Receipt this Period

1000.00

☐

Memo Item

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

C. THE HOME DEPOT INC. POLITICAL ACTION COMMITTEEMailing Address 1155 F STREET, NW
SUITE 400City
WASHINGTONState
DCZip Code
20004FEC ID number of contributing
federal political committee.**C**

C00284885

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2023

Transaction ID : SA11C.5157

Amount of Each Receipt this Period

2500.00

☐

Memo Item

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

8500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 19
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BRAVE PAC

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

A. WALMART INC. PAC FOR RESPONSIBLE GOVERNMENT

Mailing Address 702 S.W. 8TH STREET

City
BENTONVILLEState
ARZip Code
72716FEC ID number of contributing
federal political committee.

C

C00093054

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2023

Transaction ID : SA11C.5148

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

Amount of Each Receipt this Period

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

1000.00

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

45500.00

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

PAGE 12 OF 19

<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

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)

BRAVE PAC

Full Name (Last, First, Middle Initial)

A. Angerholzer Broz ConsultingMailing Address 499 S. Capitol Street, SW
Suite 420City
WashingtonState
DCZip Code
20003

Purpose of Disbursement

Compliance Fees

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3		

FEC Identification Number

C Transaction ID : SB21B.5163

Amount of Each Disbursement this Period

279.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Angerholzer Broz ConsultingMailing Address 499 S. Capitol Street, SW
Suite 420City
WashingtonState
DCZip Code
20003

Purpose of Disbursement

Compliance Fee

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3		

FEC Identification Number

C Transaction ID : SB21B.5164

Amount of Each Disbursement this Period

279.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Angerholzer Broz ConsultingMailing Address 499 S. Capitol Street, SW
Suite 420City
WashingtonState
DCZip Code
20003

Purpose of Disbursement

Compliance Fee

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	2	3		

FEC Identification Number

C Transaction ID : SB21B.5165

Amount of Each Disbursement this Period

279.15

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

837.45

**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 13 OF 19

<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

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)

BRAVE PAC

Full Name (Last, First, Middle Initial)

A. Angerholzer Broz ConsultingMailing Address 499 S. Capitol Street, SW
Suite 420City
WashingtonState
DCZip Code
20003

Purpose of Disbursement

Compliance Fee

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	8			2	0	2	3		

FEC Identification Number

C**Transaction ID : SB21B.5166**

Amount of Each Disbursement this Period

281.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Angerholzer Broz ConsultingMailing Address 499 S. Capitol Street, SW
Suite 420City
WashingtonState
DCZip Code
20003

Purpose of Disbursement

Compliance Fee

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.5167**

Amount of Each Disbursement this Period

572.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Molly Allen Associates LLC

Mailing Address 10402 Parkwood Drive

City
KensingtonState
MDZip Code
20895

Purpose of Disbursement

Fundraising Consulting Fees

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.5168**

Amount of Each Disbursement this Period

9504.60

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

10359.20

**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 14 OF 19

<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

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)

BRAVE PAC

Full Name (Last, First, Middle Initial)

A. Molly Allen Associates LLC

Mailing Address 10402 Parkwood Drive

City
KensingtonState
MDZip Code
20895

Purpose of Disbursement

Fundraising Consulting Fees

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.5169**

Amount of Each Disbursement this Period

8307.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Molly Allen Associates LLC

Mailing Address 10402 Parkwood Drive

City
KensingtonState
MDZip Code
20895

Purpose of Disbursement

Fundraising Consulting Fees

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	7			2	0	2	3		

FEC Identification Number

C**Transaction ID : SB21B.5170**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Molly Allen Associates LLC

Mailing Address 10402 Parkwood Drive

City
KensingtonState
MDZip Code
20895

Purpose of Disbursement

Fundraising Consulting Fees

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	7			2	0	2	3		

FEC Identification Number

C**Transaction ID : SB21B.5171**

Amount of Each Disbursement this Period

3703.13

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

14510.39

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

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

PAGE 15 OF 19

<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

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)

BRAVE PAC

Full Name (Last, First, Middle Initial)

A. Molly Allen Associates LLC

Mailing Address 10402 Parkwood Drive

City
KensingtonState
MDZip Code
20895

Purpose of Disbursement

Fundraising Consulting Fees

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	5			2	0	2	3		

FEC Identification Number

C**Transaction ID : SB21B.5172**

Amount of Each Disbursement this Period

2688.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Molly Allen Associates LLC

Mailing Address 10402 Parkwood Drive

City
KensingtonState
MDZip Code
20895

Purpose of Disbursement

Fundraising Consulting Fees

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.5173**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Molly Allen Associates LLC

Mailing Address 10402 Parkwood Drive

City
KensingtonState
MDZip Code
20895

Purpose of Disbursement

Fundraising Consulting Fees

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	5			2	0	2	3		

FEC Identification Number

C**Transaction ID : SB21B.5174**

Amount of Each Disbursement this Period

2500.00

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

7688.90

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

33395.94

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

PAGE 16 OF 19

<input type="checkbox"/> 21b	<input checked="" 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

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)

BRAVE PAC

Full Name (Last, First, Middle Initial)

A. DCCCMailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

Political Contribution

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2

FEC Identification Number

C C00000935**Transaction ID : SB22.5188**

Amount of Each Disbursement this Period

30000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

30000.00

30000.00

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

PAGE 17 OF 19

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

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)

BRAVE PAC

Full Name (Last, First, Middle Initial)

A. ANDREA SALINAS FOR OREGON

Mailing Address PO BOX 230985

City
TIGARDState
ORZip Code
97281

Purpose of Disbursement

Political Contribution

Candidate Name

SALINAS, ANDREA, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

State: OR

District: 06

Date of Disbursement

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

FEC Identification Number

C C00793703**Transaction ID : SB23.5185**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DON DAVIS FOR NC

Mailing Address PO BOX 511

City
SNOW HILLState
NCZip Code
28580

Purpose of Disbursement

Political Contribution

Candidate Name

DAVIS, DON, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary ☐ General
☐ Other (specify)

State: NC

District: 01

Date of Disbursement

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

FEC Identification Number

C C00795211**Transaction ID : SB23.5182**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ERIC SORENSEN FOR ILLINOIS

Mailing Address PO BOX 1172

City
MOLINEState
ILZip Code
61265

Purpose of Disbursement

Political Contribution

Candidate Name

SORENSEN, ERIC, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 17

Date of Disbursement

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

FEC Identification Number

C C00793935**Transaction ID : SB23.5178**

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

PAGE 18 OF 19

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

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)

BRAVE PAC

Full Name (Last, First, Middle Initial)

A. ERIC SORENSEN FOR ILLINOIS

Mailing Address PO BOX 1172

City
MOLINEState
ILZip Code
61265

Purpose of Disbursement

Political Contribution

Candidate Name

SORENSEN, ERIC, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 17

Date of Disbursement

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

FEC Identification Number

C C00793935**Transaction ID : SB23.5184**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAN KILDEE

Mailing Address P.O. BOX 248

City
FLINTState
MIZip Code
48501

Purpose of Disbursement

Political Contribution

Candidate Name

KILDEE, DANIEL T DANIEL T., , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary ☐ General
☐ Other (specify)

State: MI

District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	2	3		

FEC Identification Number

C C00499947**Transaction ID : SB23.5177**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KUSTER FOR CONGRESS, INC

Mailing Address PO BOX 1498

City
CONCORDState
NHZip Code
03302

Purpose of Disbursement

Political Contribution

Candidate Name

KUSTER, ANN MCLANE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

State: NH

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	2	3		

FEC Identification Number

C C00462861**Transaction ID : SB23.5176**

Amount of Each Disbursement this Period

2000.00

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

5	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

PAGE 19 OF 19

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

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)

BRAVE PAC

Full Name (Last, First, Middle Initial)

A. NIKKI FOR CONGRESS

Mailing Address PO BOX 5171

City
SPRINGFIELDState
ILZip Code
62705

Purpose of Disbursement

Candidate Name

BUDZINSKI, NIKKI, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 13

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	2	3		

FEC Identification Number

C C00787812**Transaction ID : SB23.5175**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NIKKI FOR CONGRESS

Mailing Address PO BOX 5171

City
SPRINGFIELDState
ILZip Code
62705

Purpose of Disbursement

Political Contribution

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary ☐ General
☐ Other (specify)

State: IL District: 13

Date of Disbursement

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

FEC Identification Number

C C00787812**Transaction ID : SB23.5183**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

2000.00

11500.00