

**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

Together Everyone Realizes Real Impact PAC

ADDRESS (number and street)

499 S Capitol Street SW

Suite 420

Washington

DC

20003

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00525030

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

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

Election on

M M 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, F., ,

Signature of Treasurer

Angerholzer, Lindsay, F., ,

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

Together Everyone Realizes Real Impact PACReport Covering the Period: From:

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

 To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2023</div></div>		<div><div></div><div>92981.99</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>93928.50</div></div>	
(c) Total Receipts (from Line 19)	<div><div></div><div>86000.00</div></div>	<div><div></div><div>123500.00</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>179928.50</div></div>	<div><div></div><div>216481.99</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>40922.71</div></div>	<div><div></div><div>77476.20</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div><div></div><div>139005.79</div></div>	<div><div></div><div>139005.79</div></div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	



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

Together Everyone Realizes Real Impact 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).....

15000.00

15000.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

15000.00

15000.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

71000.00

108500.00

(d) Total Contributions (add Lines

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

Totals to Line 33, page 5)

86000.00

123500.00

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))

86000.00

123500.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

86000.00

123500.00

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	29922.71	61476.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	29922.71	61476.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	16000.00
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)) ..	40922.71	77476.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40922.71	77476.20

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	86000.00	123500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	86000.00	123500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	29922.71	61476.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	29922.71	61476.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 30
(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)

Together Everyone Realizes Real Impact PAC

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

A. Gates, Melinda, F., ,

Mailing Address 6000 Carillon Pt

City
KirklandState
WAZip Code
98033-7451FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pivotal VenturesOccupation (for Individual)
Philanthropist

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 / 08 / 2023**Transaction ID : 3313789**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

* Earmarked Contribution: See Below

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

B. ActBlue Technical Services

Mailing Address PO Box 382110

City
CambridgeState
MAZip Code
02238-2110FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2023**Transaction ID : 3313789E**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Gates, William, H., , III

Mailing Address 15120 NE 92Nd St

City
RedmondState
WAZip Code
98052-3519FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Breakthrough Energy & Bill & Melinda GOccupation (for Individual)
Philanthropist

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
10 / 23 / 2023**Transaction ID : 4710268**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

* Earmarked Contribution: See Below

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

10000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 30
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Together Everyone Realizes Real Impact PAC

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

A. ActBlue Technical Services

Mailing Address PO Box 382110

City
CambridgeState
MAZip Code
02238-2110FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2023

Transaction ID : 4710268E

Amount of Each Receipt this Period

5000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

B. Poarch Band Of Creek Indians

Mailing Address 5811 Jack Springs Rd

City
AtmoreState
ALZip Code
36502-5025FEC 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
10 / 19 / 2023

Transaction ID : 4431694

Amount of Each Receipt this Period

5000.00

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

5000.00

15000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 30
(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			

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NAME OF COMMITTEE (In Full)

Together Everyone Realizes Real Impact PAC

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

A. AFLAC POLITICAL ACTION COMMITTEE (AFLAC PAC)

Mailing Address 1932 Wynnton Rd

City
ColumbusState
GAZip Code
31999-0001FEC 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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2023**Transaction ID : 5215043**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

B. ALABAMA POWER CO EMPLOYEES FEDERAL POLITICAL ACTIO

Mailing Address PO Box 242

City
BirminghamState
ALZip Code
35292-0001FEC ID number of contributing
federal political committee.**C** C00077305

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
10 / 19 / 2023**Transaction ID : 4711786**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

C. American Bankers Assoc. PACMailing Address 1120 Connecticut Ave NW
Ste 600City
WashingtonState
DCZip Code
20036-3971FEC 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 : 5215048**

Amount of Each Receipt this Period

2500.00

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

10000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 30
(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			

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NAME OF COMMITTEE (In Full)

Together Everyone Realizes Real Impact PAC

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

A. AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address PO Box 70980

City
WashingtonState
DCZip Code
20024-0980FEC ID number of contributing
federal political committee.**C** C00006080

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
10 / 19 / 2023**Transaction ID : 4431657**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

B. BIPARTISAN VOLUNTARY PUBLIC AFFAIRS COMMITTEE OF THE PNC FINANCIAL SERVICES GROUP, INC. (PNC PAC)Mailing Address 249 5Th Ave
FI 21City
PittsburghState
PAZip Code
15222-2707FEC 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 : 5323100**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

C. Charter Communications Inc. PACMailing Address 400 Atlantic St
FI 10City
StamfordState
CTZip Code
06901-3512FEC ID number of contributing
federal political committee.**C** C00426775

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 : 4711779**

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)..... ►

8500.00

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

FOR LINE NUMBER: PAGE 10 OF 30

(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

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NAME OF COMMITTEE (In Full)

Together Everyone Realizes Real Impact PAC

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

A. Charter Communications Inc. PACMailing Address 400 Atlantic St
Fl 10City
StamfordState
CTZip Code
06901-3512FEC ID number of contributing
federal political committee.**C** C00426775

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 / 31 / 2023**Transaction ID : 5323098**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

B. Comcast Corp. PAC

Mailing Address 2001 Pennsylvania Ave NW

City
WashingtonState
DCZip Code
20006-1850FEC ID number of contributing
federal political committee.**C** C00248716

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 14 / 2023**Transaction ID : 5251825**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

C. Community Health Systems (CHS PAC)

Mailing Address 4000 Meridian Blvd

City
FranklinState
TNZip Code
37067-6325FEC ID number of contributing
federal political committee.**C** C00485896

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
11 / 16 / 2023**Transaction ID : 4986594**

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)..... ►

8000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 30
(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			

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NAME OF COMMITTEE (In Full)

Together Everyone Realizes Real Impact PAC

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

A. Depository Trust And Clearing PACMailing Address 601 13Th St NW
Ste 580City
WashingtonState
DCZip Code
20005-3807FEC ID number of contributing
federal political committee.**C**

C00497917

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
10 / 19 / 2023**Transaction ID : 4431693**

Amount of Each Receipt this Period

2500.00

☐

Memo Item

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

B. EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC

Mailing Address 2980 Fairview Park Dr

City

Falls Church

State

VA

Zip Code

22042-4511

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

C00088591

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 / 11 / 2023**Transaction ID : 5215044**

Amount of Each Receipt this Period

2500.00

☐

Memo Item

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

C. FEDEX CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 942 Shady Grove Rd S

City

Memphis

State

TN

Zip Code

38120-4117

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

C00068692

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 : 5323110**

Amount of Each Receipt this Period

2500.00

☐

Memo Item

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

7500.00

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 12 OF 30

(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

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NAME OF COMMITTEE (In Full)

Together Everyone Realizes Real Impact PAC

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

A. FMR LLC POLITICAL ACTION COMMITTEE - FEDERAL (FIDEMailing Address 200 Seaport Blvd
V9BCity
BostonState
MAZip Code
02210-2031FEC ID number of contributing
federal political committee.**C** C00380550

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
10 / 05 / 2023**Transaction ID : 4710276**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

B. INTERNATIONAL COUNCIL OF SHOPPING CENTERS INC POLIMailing Address 1399 New York Ave NW
Ste 720City
WashingtonState
DCZip Code
20005-4778FEC ID number of contributing
federal political committee.**C** C00217638

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
08 / 11 / 2023**Transaction ID : 2793686**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

C. Liberty Mutual Insurance PAC

Mailing Address 175 Berkeley St

City
BostonState
MAZip Code
02116-5066FEC ID number of contributing
federal political committee.**C** C00171843

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 / 14 / 2023**Transaction ID : 5251830**

Amount of Each Receipt this Period

2500.00

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

7500.00

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

FOR LINE NUMBER: PAGE 13 OF 30

(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

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NAME OF COMMITTEE (In Full)

Together Everyone Realizes Real Impact PAC

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

A. Lockheed Martin Corp. PACMailing Address 2121 Crystal Dr
Ste 100City
ArlingtonState
VAZip Code
22202-3706FEC ID number of contributing
federal political committee.

C

C00303024

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 : 5215046

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

B. MAYNARD NEXSEN PACMailing Address 801 Pennsylvania Ave NW
Ste 950City
WashingtonState
DCZip Code
20004-2615FEC ID number of contributing
federal political committee.

C

C00272724

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 / 14 / 2023

Transaction ID : 5251791

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

C. MORTGAGE BANKERS ASSOCIATION POLITICAL ACTION COMMITTEE (MORPAC)Mailing Address 1919 M St NW
FI 5City
WashingtonState
DCZip Code
20036-3572FEC ID number of contributing
federal political committee.

C

C00004812

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
11 / 01 / 2023

Transaction ID : 4710275

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 14 OF 30

(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

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NAME OF COMMITTEE (In Full)

Together Everyone Realizes Real Impact PAC

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

A. NATIONAL MULTIFAMILY HOUSING COUNCIL POLITICAL ACTION COMMITTEEMailing Address 1850 M St NW
Ste 540City
WashingtonState
DCZip Code
20036-5816FEC ID number of contributing
federal political committee.**C** C00130773

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
10 / 19 / 2023**Transaction ID : 4431670**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

* Earmarked Contribution: See Below

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

B. NEW DEMOCRAT COALITION PACMailing Address 700 13Th St NW
Ste 600City
WashingtonState
DCZip Code
20005-5998FEC ID number of contributing
federal political committee.**C** C00409730

Name of Employer (for Individual)

Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2023**Transaction ID : 4431670E**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Northwestern Mutual Federal PAC

Mailing Address 720 E Wisconsin Ave

City
MilwaukeeState
WIZip Code
53202-4703FEC ID number of contributing
federal political committee.**C** C00197095

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 02 / 2023**Transaction ID : 4682037**

Amount of Each Receipt this Period

2000.00

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

7000.00

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

FOR LINE NUMBER: PAGE 15 OF 30

(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

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NAME OF COMMITTEE (In Full)

Together Everyone Realizes Real Impact PAC**A. PRICEWATERHOUSECOOPERS POLITICAL ACTION COMMITTEE I**

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

Mailing Address 1301 K St NW
Ste 800WCity
WashingtonState
DCZip Code
20005-3317FEC ID number of contributing
federal political committee.**C** C00107235

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 : 5302064**

Amount of Each Receipt this Period

5000.00

☐ Memo Item**B. TRACTOR SUPPLY COMPANY POLITICAL ACTION COMMITTEE**

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

Mailing Address 5401 Virginia Way

City
BrentwoodState
TNZip Code
37027-7536FEC ID number of contributing
federal political committee.**C** C00763664

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
10 / 19 / 2023**Transaction ID : 4431672**

Amount of Each Receipt this Period

2500.00

☐ Memo Item**C. Wine And Spirits Wholesalers PAC**

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

Mailing Address 805 15Th St NW
Ste 430City
WashingtonState
DCZip Code
20005-2273FEC ID number of contributing
federal political committee.**C** C00147173

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 : 5323089**

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)..... ►

12500.00

71000.00

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

PAGE 16 OF 30

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

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NAME OF COMMITTEE (In Full)

Together Everyone Realizes Real Impact PAC

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address PO Box 382110

City
CambridgeState
MAZip Code
02238-2110

Purpose of Disbursement

Credit Card Processing 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	8			2	0	2	3		

FEC Identification Number

C**Transaction ID : 500613747**

Amount of Each Disbursement this Period

197.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address PO Box 382110

City
CambridgeState
MAZip Code
02238-2110

Purpose of Disbursement

Credit Card Processing 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
1	1			0	2			2	0	2	3		

FEC Identification Number

C**Transaction ID : 500613748**

Amount of Each Disbursement this Period

197.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Angerholzer Broz ConsultingMailing Address 499 S Capitol St SW
Ste 420City
WashingtonState
DCZip Code
20003-4027

Purpose of Disbursement

Fundraising Consulting Fee and Reimbursed Expenses

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 : 500613753**

Amount of Each Disbursement this Period

2029.15

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

2424.15

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 30

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

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NAME OF COMMITTEE (In Full)

Together Everyone Realizes Real Impact PAC

Full Name (Last, First, Middle Initial)

A. Angerholzer Broz ConsultingMailing Address 499 S Capitol St SW
Ste 420City
WashingtonState
DCZip Code
20003-4027

Purpose of Disbursement

Fundraising Consulting 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	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3	

FEC Identification Number

C

Transaction ID : 500613793

Amount of Each Disbursement this Period

1500.00

☒ Memo Item *

Full Name (Last, First, Middle Initial)

B. Angerholzer Broz ConsultingMailing Address 499 S Capitol St SW
Ste 420City
WashingtonState
DCZip Code
20003-4027

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	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3	

FEC Identification Number

C

Transaction ID : 500613794

Amount of Each Disbursement this Period

500.00

☒ Memo Item *

Full Name (Last, First, Middle Initial)

C. Intuit

Mailing Address 2632 Marine Way

City
Mountain ViewState
CAZip Code
94043-1126

Purpose of Disbursement

Accounting Software

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	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3	

FEC Identification Number

C

Transaction ID : 500613795

Amount of Each Disbursement this Period

29.15

☒ Memo Item *

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

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

0.00

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 30

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

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NAME OF COMMITTEE (In Full)

Together Everyone Realizes Real Impact PAC

Full Name (Last, First, Middle Initial)

A. Angerholzer Broz ConsultingMailing Address 499 S Capitol St SW
Ste 420City
WashingtonState
DCZip Code
20003-4027

Purpose of Disbursement

Fundraising Consulting Fee and Reimbursed Expenses

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 : 500613754

Amount of Each Disbursement this Period

2029.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Angerholzer Broz ConsultingMailing Address 499 S Capitol St SW
Ste 420City
WashingtonState
DCZip Code
20003-4027

Purpose of Disbursement

Fundraising 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 : 500613790

Amount of Each Disbursement this Period

1500.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Angerholzer Broz ConsultingMailing Address 499 S Capitol St SW
Ste 420City
WashingtonState
DCZip Code
20003-4027

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 : 500613791

Amount of Each Disbursement this Period

500.00

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

2029.15

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 30

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

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NAME OF COMMITTEE (In Full)

Together Everyone Realizes Real Impact PAC

Full Name (Last, First, Middle Initial)

A. Intuit

Mailing Address 2632 Marine Way

City
Mountain ViewState
CAZip Code
94043-1126

Purpose of Disbursement

Accounting Software

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 : 500613792**

Amount of Each Disbursement this Period

29.15

☒ Memo Item *

Full Name (Last, First, Middle Initial)

B. Angerholzer Broz ConsultingMailing Address 499 S Capitol St SW
Ste 420City
WashingtonState
DCZip Code
20003-4027

Purpose of Disbursement

Fundraising Consulting Fee and Reimbursed Expenses

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	0			1	8			2	0	2	3		

FEC Identification Number

C**Transaction ID : 500613751**

Amount of Each Disbursement this Period

2029.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Angerholzer Broz ConsultingMailing Address 499 S Capitol St SW
Ste 420City
WashingtonState
DCZip Code
20003-4027

Purpose of Disbursement

Fundraising Consulting 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
1	0			1	8			2	0	2	3		

FEC Identification Number

C**Transaction ID : 500613787**

Amount of Each Disbursement this Period

1500.00

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

2029.15

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

PAGE 20 OF 30

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

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NAME OF COMMITTEE (In Full)

Together Everyone Realizes Real Impact PAC

Full Name (Last, First, Middle Initial)

A. Angerholzer Broz ConsultingMailing Address 499 S Capitol St SW
Ste 420City
WashingtonState
DCZip Code
20003-4027

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

FEC Identification Number

C**Transaction ID : 500613788**

Amount of Each Disbursement this Period

500.00

☒ Memo Item *

Full Name (Last, First, Middle Initial)

B. Intuit

Mailing Address 2632 Marine Way

City
Mountain ViewState
CAZip Code
94043-1126

Purpose of Disbursement

Accounting Software

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

FEC Identification Number

C**Transaction ID : 500613789**

Amount of Each Disbursement this Period

29.15

☒ Memo Item *

Full Name (Last, First, Middle Initial)

C. Angerholzer Broz ConsultingMailing Address 499 S Capitol St SW
Ste 420City
WashingtonState
DCZip Code
20003-4027

Purpose of Disbursement

Fundraising Consulting Fee and Reimbursed Expenses

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

FEC Identification Number

C**Transaction ID : 500613752**

Amount of Each Disbursement this Period

2031.80

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

2031.80

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

PAGE 21 OF 30

<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)

Together Everyone Realizes Real Impact PAC

Full Name (Last, First, Middle Initial)

A. Angerholzer Broz ConsultingMailing Address 499 S Capitol St SW
Ste 420City
WashingtonState
DCZip Code
20003-4027

Purpose of Disbursement

Fundraising Consulting 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	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	2	3

FEC Identification Number

C

Transaction ID : 500613784

Amount of Each Disbursement this Period

1500.00

☒ Memo Item *

Full Name (Last, First, Middle Initial)

B. Angerholzer Broz ConsultingMailing Address 499 S Capitol St SW
Ste 420City
WashingtonState
DCZip Code
20003-4027

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

FEC Identification Number

C

Transaction ID : 500613785

Amount of Each Disbursement this Period

500.00

☒ Memo Item *

Full Name (Last, First, Middle Initial)

C. Intuit

Mailing Address 2632 Marine Way

City
Mountain ViewState
CAZip Code
94043-1126

Purpose of Disbursement

Accounting Software

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

FEC Identification Number

C

Transaction ID : 500613786

Amount of Each Disbursement this Period

31.80

☒ Memo Item *

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

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

0.00

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

PAGE 22 OF 30

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

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NAME OF COMMITTEE (In Full)

Together Everyone Realizes Real Impact PAC

Full Name (Last, First, Middle Initial)

A. Angerholzer Broz ConsultingMailing Address 499 S Capitol St SW
Ste 420City
WashingtonState
DCZip Code
20003-4027

Purpose of Disbursement

Fundraising Consulting Fee and Reimbursed Expenses

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

FEC Identification Number

C**Transaction ID : 500613750**

Amount of Each Disbursement this Period

7005.97

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 4Imprint

Mailing Address 101 Commerce St

City
OshkoshState
WIZip Code
54901-4864

Purpose of Disbursement

Printing

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

FEC Identification Number

C**Transaction ID : 500613781**

Amount of Each Disbursement this Period

641.39

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. American Airlines

Mailing Address 2500 Victory Ave

City
DallasState
TXZip Code
75219-7601

Purpose of Disbursement

Travel Expense

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

FEC Identification Number

C**Transaction ID : 500613783**

Amount of Each Disbursement this Period

4332.78

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

7005.97

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

PAGE 23 OF 30

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

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NAME OF COMMITTEE (In Full)

Together Everyone Realizes Real Impact PAC

Full Name (Last, First, Middle Initial)

A. Angerholzer Broz ConsultingMailing Address 499 S Capitol St SW
Ste 420City
WashingtonState
DCZip Code
20003-4027

Purpose of Disbursement

Fundraising Consulting 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	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	1		2	0	2	3		

FEC Identification Number

C**Transaction ID : 500613779**

Amount of Each Disbursement this Period

1500.00

☒ Memo Item *

Full Name (Last, First, Middle Initial)

B. Angerholzer Broz ConsultingMailing Address 499 S Capitol St SW
Ste 420City
WashingtonState
DCZip Code
20003-4027

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

FEC Identification Number

C**Transaction ID : 500613780**

Amount of Each Disbursement this Period

500.00

☒ Memo Item *

Full Name (Last, First, Middle Initial)

C. Intuit

Mailing Address 2632 Marine Way

City
Mountain ViewState
CAZip Code
94043-1126

Purpose of Disbursement

Accounting Software

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

FEC Identification Number

C**Transaction ID : 500613782**

Amount of Each Disbursement this Period

31.80

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

0.00

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

PAGE 24 OF 30

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Together Everyone Realizes Real Impact PAC

Full Name (Last, First, Middle Initial)

A. Angerholzer Broz ConsultingMailing Address 499 S Capitol St SW
Ste 420City
WashingtonState
DCZip Code
20003-4027

Purpose of Disbursement

Fundraising Consulting Fee and Reimbursed Expenses

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
12			05			2023					

FEC Identification Number

C

Transaction ID : 500613749

Amount of Each Disbursement this Period

6649.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 4Imprint

Mailing Address 101 Commerce St

City
OshkoshState
WIZip Code
54901-4864

Purpose of Disbursement

Printing

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
12			05			2023					

FEC Identification Number

C

Transaction ID : 500613772

Amount of Each Disbursement this Period

584.41

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Angerholzer Broz ConsultingMailing Address 499 S Capitol St SW
Ste 420City
WashingtonState
DCZip Code
20003-4027

Purpose of Disbursement

Fundraising Consulting Fee

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
12			05			2023					

FEC Identification Number

C

Transaction ID : 500613766

Amount of Each Disbursement this Period

1500.00

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

6649.32

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

PAGE 25 OF 30

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

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NAME OF COMMITTEE (In Full)

Together Everyone Realizes Real Impact PAC

Full Name (Last, First, Middle Initial)

A. Angerholzer Broz ConsultingMailing Address 499 S Capitol St SW
Ste 420City
WashingtonState
DCZip Code
20003-4027

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

FEC Identification Number

C

Transaction ID : 500613767

Amount of Each Disbursement this Period

500.00

☒ Memo Item *

Full Name (Last, First, Middle Initial)

B. FedEx Office

Mailing Address 208 2Nd St SE

City
WashingtonState
DCZip Code
20003-1943

Purpose of Disbursement

Printing

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

FEC Identification Number

C

Transaction ID : 500613769

Amount of Each Disbursement this Period

120.73

☒ Memo Item *

Full Name (Last, First, Middle Initial)

C. FedEx Office

Mailing Address 208 2Nd St SE

City
WashingtonState
DCZip Code
20003-1943

Purpose of Disbursement

Printing

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

FEC Identification Number

C

Transaction ID : 500613771

Amount of Each Disbursement this Period

120.73

☒ Memo Item *

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

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

0.00

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

PAGE 26 OF 30

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

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NAME OF COMMITTEE (In Full)

Together Everyone Realizes Real Impact PAC

Full Name (Last, First, Middle Initial)

A. Intuit

Mailing Address 2632 Marine Way

City
Mountain ViewState
CAZip Code
94043-1126

Purpose of Disbursement

Accounting Software

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		0	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : 500613768

Amount of Each Disbursement this Period

31.80

☒ Memo Item *

Full Name (Last, First, Middle Initial)

B. The EasterlyMailing Address 1 RED HOOK Rd
Ste GSCity
St ThomasState
VIZip Code
00802

Purpose of Disbursement

Fundraiser Catering Expense

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		0	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : 500613776

Amount of Each Disbursement this Period

3537.71

☒ Memo Item *

Full Name (Last, First, Middle Initial)

C. UBER TechnologiesMailing Address 1455 Market St
Ste 400City
San FranciscoState
CAZip Code
94103-1355

Purpose of Disbursement

Travel Expense

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		0	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : 500613774

Amount of Each Disbursement this Period

22.91

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

0.00

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

PAGE 27 OF 30

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

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NAME OF COMMITTEE (In Full)

Together Everyone Realizes Real Impact PAC

Full Name (Last, First, Middle Initial)

A. Fedex

Mailing Address 3875 Airways Blvd

City
MemphisState
TNZip Code
38116-5070

Purpose of Disbursement

Shipping

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			2	0			2	0	2	3		

FEC Identification Number

C**Transaction ID : 500613756**

Amount of Each Disbursement this Period

309.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Fedex

Mailing Address 3875 Airways Blvd

City
MemphisState
TNZip Code
38116-5070

Purpose of Disbursement

Shipping

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	0			0	4			2	0	2	3		

FEC Identification Number

C**Transaction ID : 500613757**

Amount of Each Disbursement this Period

120.73

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GreenEnvelope

Mailing Address 1215 W Walnut St

City
ComptonState
CAZip Code
90220-5009

Purpose of Disbursement

E-Cards

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			1	1			2	0	2	3		

FEC Identification Number

C**Transaction ID : 500613758**

Amount of Each Disbursement this Period

422.94

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

853.17

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

PAGE 28 OF 30

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

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NAME OF COMMITTEE (In Full)

Together Everyone Realizes Real Impact PAC

Full Name (Last, First, Middle Initial)

A. Hammerstone GroupMailing Address 3240 Wilson Blvd
Ste 210City
ArlingtonState
VAZip Code
22201-4429

Purpose of Disbursement

Printing

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	/	Y	Y	Y	Y	Y	Y
1	0			2	7							

FEC Identification Number

C**Transaction ID : 500613759**

Amount of Each Disbursement this Period

1950.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NGP VAN, Inc.Mailing Address 1225 I St NW
Ste 1225City
WashingtonState
DCZip Code
20005-5918

Purpose of Disbursement

Software

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	/	Y	Y	Y	Y	Y	Y
1	2			2	6							

FEC Identification Number

C**Transaction ID : 500613761**

Amount of Each Disbursement this Period

212.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NGP VAN, Inc.Mailing Address 1225 I St NW
Ste 1225City
WashingtonState
DCZip Code
20005-5918

Purpose of Disbursement

Software

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	/	Y	Y	Y	Y	Y	Y
1	2			2	6							

FEC Identification Number

C**Transaction ID : 500613762**

Amount of Each Disbursement this Period

318.00

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

2480.00

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

PAGE 29 OF 30

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

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NAME OF COMMITTEE (In Full)

Together Everyone Realizes Real Impact PAC

Full Name (Last, First, Middle Initial)

A. Red Hospitality

Mailing Address 255 Margaret St

City
Key WestState
FLZip Code
33040-6639

Purpose of Disbursement

Fundraiser Event Entertainment

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	0			2	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : 500613763

Amount of Each Disbursement this Period

900.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. St Thomas Boat Rental

Mailing Address 6501 Red Hook Plz

City
St ThomasState
VIZip Code
00802-1373

Purpose of Disbursement

Fundraiser Event Entertainment

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	0			0	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : 500613764

Amount of Each Disbursement this Period

3520.00

☐ 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).....▶

4420.00

29922.71

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

PAGE 30 OF 30

<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

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NAME OF COMMITTEE (In Full)

Together Everyone Realizes Real Impact PAC

Full Name (Last, First, Middle Initial)

A. BRIANA SEWELL FOR CONGRESS

Mailing Address PO Box 2589

City
WoodbridgeState
VAZip Code
22195-2589

Purpose of Disbursement

Political Contribution

Candidate Name

SEWELL, BRIANA, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

State: VA

District: 07

Date of Disbursement

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

FEC Identification Number

C C00857391**Transaction ID : 500613755**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HILL HARPER FOR MICHIGAN

Mailing Address PO Box 13195

City
LansingState
MIZip Code
48901-3195

Purpose of Disbursement

Political Contribution

Candidate Name

HARPER, FRANK, HILL, ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2024

☒ Primary ☐ General
☐ Other (specify)

State: MI

District: 00

Date of Disbursement

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

FEC Identification Number

C C00844985**Transaction ID : 500613760**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SUOZZI FOR CONGRESS

Mailing Address PO Box 669

City
Glen CoveState
NYZip Code
11542-0669

Purpose of Disbursement

Political Contribution

Candidate Name

SUOZZI, THOMAS, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☐ General
☒ Other (specify) ▼

State: NY

District: 03

Special General

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 C00607200**Transaction ID : 500613765**

Amount of Each Disbursement this Period

1000.00

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

11000.00

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

11000.00