

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

STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

ADDRESS (number and street) PO BOX 600

Check if different than previously reported. (ACC) RYE NH 03870

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00560003

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)
[X] 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), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on [MM/DD/YYYY] in the State of []

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on [MM/DD/YYYY] in the State of []

5. Covering Period 07 / 01 / 2023 through 12 / 31 / 2023

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 CRATE, BRADLEY, T., MR.,

Signature of Treasurer CRATE, BRADLEY, T., MR., Date 01 / 31 / 2024

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

Table with 7 columns and 1 row for Office Use Only.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>	<input type="text" value="164851.86"/>	<input type="text" value="164851.86"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="164751.86"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2500.00"/>	<input type="text" value="5400.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="167251.86"/>	<input type="text" value="170251.86"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7621.44"/>	<input type="text" value="10621.44"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="159630.42"/>	<input type="text" value="159630.42"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Write or Type Committee Name

STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

Report Covering the Period: From: / / To: / /

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).....	2500.00	2500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2500.00	2500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2500.00	2500.00
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	2900.00
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)).....▶	2500.00	5400.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2500.00	5400.00

DETAILED SUMMARY PAGE
of Disbursements

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	7621.44	7621.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7621.44	7621.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1000.00
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	2000.00
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)) ..	7621.44	10621.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7621.44	10621.44

DETAILED SUMMARY PAGE
of Disbursements

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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)	2500.00	2500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2500.00	2500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7621.44	7621.44
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7621.44	7621.44

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 6 OF 22
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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)
STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BINES, HARVEY, E, ,

Mailing Address 2230 OCEAN BLVD

City RYE	State NH	Zip Code 03870
-------------	-------------	-------------------

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

Name of Employer (for Individual) SULLIVAN & WORCESTER	Occupation (for Individual) ATTORNEY
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2023

Transaction ID : SA11AI.4341

Amount of Each Receipt this Period
2500.00

Memo Item

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

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

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

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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)

STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

Full Name (Last, First, Middle Initial)

A. BJ'S WHOLESALE CLUB

Mailing Address 25 RESEARCH DR

City
WESTBOROUGH

State
MA

Zip Code
01581

Purpose of Disbursement
CREDIT CARD PMT [SB21.4283]: EVENT EXPENSE: FOOD/BEVERAGES

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
0	7		2	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4330

Amount of Each Disbursement this Period

[REDACTED] 72.23

Memo Item

Full Name (Last, First, Middle Initial)

B. BJ'S WHOLESALE CLUB

Mailing Address 25 RESEARCH DR

City
WESTBOROUGH

State
MA

Zip Code
01581

Purpose of Disbursement
CREDIT CARD PMT [SB21.4283]: EVENT EXPENSE: FOOD/BEVERAGES

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
0	7		2	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4331

Amount of Each Disbursement this Period

[REDACTED] 747.05

Memo Item

Full Name (Last, First, Middle Initial)

C. BJ'S WHOLESALE CLUB

Mailing Address 25 RESEARCH DR

City
WESTBOROUGH

State
MA

Zip Code
01581

Purpose of Disbursement
CREDIT CARD PMT [SB21.4283]: EVENT EXPENSE: FOOD/BEVERAGES

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
0	7		2	0		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4332

Amount of Each Disbursement this Period

[REDACTED] 231.64

Memo Item

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

[REDACTED] 0.00

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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)

STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

Full Name (Last, First, Middle Initial)

A. BJ'S WHOLESALE CLUB

Mailing Address 25 RESEARCH DR

City
WESTBOROUGH

State
MA

Zip Code
01581

Purpose of Disbursement
CREDIT CARD PMT [SB21.4283]: EVENT EXPENSE: FOOD/BEVERAGES

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
08	/	11	/	2023

FEC Identification Number

C

Transaction ID : SB21B.4333

Amount of Each Disbursement this Period

475.66

Memo Item

Full Name (Last, First, Middle Initial)

B. BJ'S WHOLESALE CLUB

Mailing Address 25 RESEARCH DR

City
WESTBOROUGH

State
MA

Zip Code
01581

Purpose of Disbursement
CREDIT CARD PMT [SB21.4283]: EVENT EXPENSE: FOOD/BEVERAGES

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
08	/	14	/	2023

FEC Identification Number

C

Transaction ID : SB21B.4334

Amount of Each Disbursement this Period

293.63

Memo Item

Full Name (Last, First, Middle Initial)

C. BJ'S WHOLESALE CLUB

Mailing Address 25 RESEARCH DR

City
WESTBOROUGH

State
MA

Zip Code
01581

Purpose of Disbursement
CREDIT CARD PMT [SB21.4284]: EVENT EXPENSE: FOOD/BEVERAGES

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
08	/	16	/	2023

FEC Identification Number

C

Transaction ID : SB21B.4335

Amount of Each Disbursement this Period

36.53

Memo Item

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

0.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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)

STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

Full Name (Last, First, Middle Initial)

A. BJ'S WHOLESALE CLUB

Mailing Address 25 RESEARCH DR

City
WESTBOROUGH

State
MA

Zip Code
01581

Purpose of Disbursement
CREDIT CARD PMT [SB21.4285]: EVENT EXPENSE: FOOD/BEVERAGES

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
0	8		3	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4336

Amount of Each Disbursement this Period

[REDACTED] 251.01

Memo Item

Full Name (Last, First, Middle Initial)

B. BJ'S WHOLESALE CLUB

Mailing Address 25 RESEARCH DR

City
WESTBOROUGH

State
MA

Zip Code
01581

Purpose of Disbursement
CREDIT CARD PMT [SB21.4285]: EVENT EXPENSE: FOOD/BEVERAGES

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
0	9		0	2		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4337

Amount of Each Disbursement this Period

[REDACTED] 170.90

Memo Item

Full Name (Last, First, Middle Initial)

C. BJ'S WHOLESALE CLUB

Mailing Address 25 RESEARCH DR

City
WESTBOROUGH

State
MA

Zip Code
01581

Purpose of Disbursement
CREDIT CARD PMT [SB21.4285]: EVENT EXPENSE: FOOD/BEVERAGES

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
0	9		0	5		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4338

Amount of Each Disbursement this Period

[REDACTED] 342.89

Memo Item

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

[REDACTED] 0.00

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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)

STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

Full Name (Last, First, Middle Initial)

A. BJ'S WHOLESALE CLUB

Mailing Address 25 RESEARCH DR

City
WESTBOROUGH

State
MA

Zip Code
01581

Purpose of Disbursement
CREDIT CARD PMT [SB21.4285]: EVENT EXPENSE: FOOD/BEVERAGES

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
0	9		1	1		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.4339

Amount of Each Disbursement this Period

252.76

Memo Item

Full Name (Last, First, Middle Initial)

B. CAPITAL ONE

Mailing Address 1680 CAPITAL ONE DRIVE

City
MCLEAN

State
VA

Zip Code
22102

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE ITEMIZATION(S) IF REQUIRED

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
0	8		2	2		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.4283

Amount of Each Disbursement this Period

1820.21

Memo Item

Full Name (Last, First, Middle Initial)

C. CAPITAL ONE

Mailing Address 1680 CAPITAL ONE DRIVE

City
MCLEAN

State
VA

Zip Code
22102

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE ITEMIZATION(S) IF REQUIRED

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
0	8		2	2		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.4284

Amount of Each Disbursement this Period

1369.98

Memo Item

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

3190.19

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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)

STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

Full Name (Last, First, Middle Initial)

A. CAPITAL ONE

Mailing Address 1680 CAPITAL ONE DRIVE

City
MCLEAN

State
VA

Zip Code
22102

Purpose of Disbursement

CREDIT CARD PAYMENT: SEE ITEMIZATION(S) IF REQUIRED

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4285

Amount of Each Disbursement this Period

[REDACTED] 1094.04

Memo Item

Full Name (Last, First, Middle Initial)

B. CAPITAL ONE

Mailing Address 1680 CAPITAL ONE DRIVE

City
MCLEAN

State
VA

Zip Code
22102

Purpose of Disbursement

CREDIT CARD PAYMENT: SEE ITEMIZATION(S) IF REQUIRED

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4286

Amount of Each Disbursement this Period

[REDACTED] 2173.21

Memo Item

Full Name (Last, First, Middle Initial)

C. CAPITAL ONE

Mailing Address 1680 CAPITAL ONE DRIVE

City
MCLEAN

State
VA

Zip Code
22102

Purpose of Disbursement

CREDIT CARD PAYMENT: SEE ITEMIZATION(S) IF REQUIRED

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4287

Amount of Each Disbursement this Period

[REDACTED] 150.00

Memo Item

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

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

[REDACTED] 3417.25

[REDACTED]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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)
STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

Form A: CLEAN RESTROOM RENTALS. Includes fields for Mailing Address (200 FRIBERG PKWY # 2003), City (WESTBOROUGH), State (MA), Zip Code (01581), Purpose of Disbursement (CREDIT CARD PMT [SB21.4286]: EVENT STAGING EXPENSE), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (08/28/2023), FEC Identification Number (C), Transaction ID (SB21B.4295), Amount of Each Disbursement (180.00), and Memo Item checked.

Form B: CLEAN RESTROOM RENTALS. Includes fields for Mailing Address (200 FRIBERG PKWY # 2003), City (WESTBOROUGH), State (MA), Zip Code (01581), Purpose of Disbursement (CREDIT CARD PMT [SB21.4287]: EVENT STAGING EXPENSE), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (10/27/2023), FEC Identification Number (C), Transaction ID (SB21B.4296), Amount of Each Disbursement (150.00), and Memo Item checked.

Form C: DROP ONE PORTABLES. Includes fields for Mailing Address (660 DANIEL WEBSTER HWY), City (MERRIMACK), State (NH), Zip Code (03054), Purpose of Disbursement (CREDIT CARD PMT [SB21.4284]: EVENT STAGING EXPENSE), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (08/11/2023), FEC Identification Number (C), Transaction ID (SB21B.4293), Amount of Each Disbursement (280.00), and Memo Item checked.

SUBTOTAL of Disbursements This Page (optional) 0.00
TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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)

STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

Full Name (Last, First, Middle Initial)

A. MARKEL INSURANCE

Mailing Address 4521 HIGHWOODS PARKWAY

City
GLEN ALLEN

State
VA

Zip Code
23060

Purpose of Disbursement
CREDIT CARD PMT [SB21.4286]: INSURANCE

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
08	/	24	/	2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4318

Amount of Each Disbursement this Period

[REDACTED] 100.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MARKEL INSURANCE

Mailing Address 4521 HIGHWOODS PARKWAY

City
GLEN ALLEN

State
VA

Zip Code
23060

Purpose of Disbursement
CREDIT CARD PMT [SB21.4286]: INSURANCE

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
09	/	01	/	2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4319

Amount of Each Disbursement this Period

[REDACTED] 100.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MARKEL INSURANCE

Mailing Address 4521 HIGHWOODS PARKWAY

City
GLEN ALLEN

State
VA

Zip Code
23060

Purpose of Disbursement
CREDIT CARD PMT [SB21.4286]: INSURANCE

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
09	/	01	/	2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4320

Amount of Each Disbursement this Period

[REDACTED] 100.00

Memo Item

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

[REDACTED] 0.00

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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)

STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

Full Name (Last, First, Middle Initial)

A. MARKEL INSURANCE

Mailing Address 4521 HIGHWOODS PARKWAY

City
GLEN ALLEN

State
VA

Zip Code
23060

Purpose of Disbursement
CREDIT CARD PMT [SB21.4286]: INSURANCE

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
0	9		0	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4321

Amount of Each Disbursement this Period

[REDACTED] 100.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MARKEL INSURANCE

Mailing Address 4521 HIGHWOODS PARKWAY

City
GLEN ALLEN

State
VA

Zip Code
23060

Purpose of Disbursement
CREDIT CARD PMT [SB21.4286]: INSURANCE

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
0	9		0	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4322

Amount of Each Disbursement this Period

[REDACTED] 100.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MARKET BASKET

Mailing Address 875 EAST ST

City
TEWKSBURY

State
MA

Zip Code
01876

Purpose of Disbursement
CREDIT CARD PMT [SB21.4284]: EVENT EXPENSE: FOOD/BEVERAGES

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
0	8		0	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4306

Amount of Each Disbursement this Period

[REDACTED] 25.31

Memo Item

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

[REDACTED] 0.00

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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)

STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

Full Name (Last, First, Middle Initial)

A. MARKET BASKET

Mailing Address 875 EAST ST

City
TEWKSBURY

State
MA

Zip Code
01876

Purpose of Disbursement
CREDIT CARD PMT [SB21.4284]: EVENT EXPENSE: FOOD/BEVERAGES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B.4307

Amount of Each Disbursement this Period

9.87

Memo Item

Full Name (Last, First, Middle Initial)

B. MARKET BASKET

Mailing Address 875 EAST ST

City
TEWKSBURY

State
MA

Zip Code
01876

Purpose of Disbursement
CREDIT CARD PMT [SB21.4286]: EVENT EXPENSE: FOOD/BEVERAGES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	2	3

FEC Identification Number

C
Transaction ID : SB21B.4308

Amount of Each Disbursement this Period

44.39

Memo Item

Full Name (Last, First, Middle Initial)

C. MARKET BASKET

Mailing Address 875 EAST ST

City
TEWKSBURY

State
MA

Zip Code
01876

Purpose of Disbursement
CREDIT CARD PMT [SB21.4286]: EVENT EXPENSE: FOOD/BEVERAGES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B.4309

Amount of Each Disbursement this Period

17.97

Memo Item

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

0.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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)

STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

Full Name (Last, First, Middle Initial)

A. MARKET BASKET

Mailing Address 875 EAST ST

City
TEWKSBURY

State
MA

Zip Code
01876

Purpose of Disbursement
CREDIT CARD PMT [SB21.4286]: EVENT EXPENSE: FOOD/BEVERAGES

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
0	9		0	4		2	0	2	3

FEC Identification Number

C
Transaction ID : SB21B.4310

Amount of Each Disbursement this Period

13.16

Memo Item

Full Name (Last, First, Middle Initial)

B. MARKET BASKET

Mailing Address 875 EAST ST

City
TEWKSBURY

State
MA

Zip Code
01876

Purpose of Disbursement
CREDIT CARD PMT [SB21.4286]: EVENT EXPENSE: FOOD/BEVERAGES

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
0	9		0	7		2	0	2	3

FEC Identification Number

C
Transaction ID : SB21B.4311

Amount of Each Disbursement this Period

39.78

Memo Item

Full Name (Last, First, Middle Initial)

C. MARKET BASKET

Mailing Address 875 EAST ST

City
TEWKSBURY

State
MA

Zip Code
01876

Purpose of Disbursement
CREDIT CARD PMT [SB21.4286]: EVENT EXPENSE: FOOD/BEVERAGES

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
0	9		0	7		2	0	2	3

FEC Identification Number

C
Transaction ID : SB21B.4312

Amount of Each Disbursement this Period

53.36

Memo Item

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

0.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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)

STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

Full Name (Last, First, Middle Initial)

A. MARKET BASKET

Mailing Address 875 EAST ST

City
TEWKSBURY

State
MA

Zip Code
01876

Purpose of Disbursement
CREDIT CARD PMT [SB21.4286]: EVENT EXPENSE: FOOD/BEVERAGES

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
0	9		1	0		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4313

Amount of Each Disbursement this Period

[REDACTED] 94.13

Memo Item

Full Name (Last, First, Middle Initial)

B. MARKET BASKET

Mailing Address 875 EAST ST

City
TEWKSBURY

State
MA

Zip Code
01876

Purpose of Disbursement
CREDIT CARD PMT [SB21.4286]: EVENT EXPENSE: FOOD/BEVERAGES

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
0	9		1	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4314

Amount of Each Disbursement this Period

[REDACTED] 14.35

Memo Item

Full Name (Last, First, Middle Initial)

C. MARKET BASKET

Mailing Address 875 EAST ST

City
TEWKSBURY

State
MA

Zip Code
01876

Purpose of Disbursement
CREDIT CARD PMT [SB21.4286]: EVENT EXPENSE: FOOD/BEVERAGES

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
0	9		1	3		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4315

Amount of Each Disbursement this Period

[REDACTED] 42.05

Memo Item

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

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

[REDACTED] 0.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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)

STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

Full Name (Last, First, Middle Initial)

A. MARKET BASKET

Mailing Address 875 EAST ST

City
TEWKSBURY

State
MA

Zip Code
01876

Purpose of Disbursement
CREDIT CARD PMT [SB21.4286]: EVENT EXPENSE: FOOD/BEVERAGES

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B.4316

Amount of Each Disbursement this Period

78.76

Memo Item

Full Name (Last, First, Middle Initial)

B. RYE POLICE DEPARTMENT

Mailing Address 555 WASHINGTON RD

City
RYE

State
NH

Zip Code
03870

Purpose of Disbursement
SECURITY SERVICES

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B.4279

Amount of Each Disbursement this Period

664.00

Memo Item

Full Name (Last, First, Middle Initial)

C. STRATHAM POLICE DEPARTMENT

Mailing Address 76 PORTSMOUTH AVE

City
STRATHAM

State
NH

Zip Code
03885

Purpose of Disbursement
SECURITY SERVICES

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	2	3

FEC Identification Number

C
Transaction ID : SB21B.4281

Amount of Each Disbursement this Period

300.00

Memo Item

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

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

964.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<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)

STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

Full Name (Last, First, Middle Initial)

A. SUNBELT RENTALS

Mailing Address 170 LAFAYETTE RD

City NORTH HAMPTON

State NH

Zip Code 03862

Purpose of Disbursement
CREDIT CARD PMT [SB21.4286]: EQUIPMENT RENTAL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4298

Amount of Each Disbursement this Period

[REDACTED] 185.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SUNBELT RENTALS

Mailing Address 170 LAFAYETTE RD

City NORTH HAMPTON

State NH

Zip Code 03862

Purpose of Disbursement
CREDIT CARD PMT [SB21.4286]: EQUIPMENT RENTAL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4299

Amount of Each Disbursement this Period

[REDACTED] 176.95

Memo Item

Full Name (Last, First, Middle Initial)

C. THE CITY TOBACCO

Mailing Address 621 LAFAYETTE RD

City SEABROOK

State NH

Zip Code 03874

Purpose of Disbursement
CREDIT CARD PMT [SB21.4284]: EVENT EXPENSE: BEVERAGES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4324

Amount of Each Disbursement this Period

[REDACTED] 511.98

Memo Item

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

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

[REDACTED] 0.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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)

STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

Full Name (Last, First, Middle Initial)

A. THE CITY TOBACCO

Mailing Address 621 LAFAYETTE RD

City
SEABROOK

State
NH

Zip Code
03874

Purpose of Disbursement
CREDIT CARD PMT [SB21.4284]: EVENT EXPENSE: BEVERAGES

Candidate Name

Category/
Type

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4325

Amount of Each Disbursement this Period

[REDACTED] 255.99

Memo Item

Full Name (Last, First, Middle Initial)

B. THE CITY TOBACCO

Mailing Address 621 LAFAYETTE RD

City
SEABROOK

State
NH

Zip Code
03874

Purpose of Disbursement
CREDIT CARD PMT [SB21.4286]: EVENT EXPENSE: BEVERAGES

Candidate Name

Category/
Type

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4326

Amount of Each Disbursement this Period

[REDACTED] 63.96

Memo Item

Full Name (Last, First, Middle Initial)

C. THE CITY TOBACCO

Mailing Address 621 LAFAYETTE RD

City
SEABROOK

State
NH

Zip Code
03874

Purpose of Disbursement
CREDIT CARD PMT [SB21.4286]: EVENT EXPENSE: BEVERAGES

Candidate Name

Category/
Type

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4327

Amount of Each Disbursement this Period

[REDACTED] 66.96

Memo Item

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

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

[REDACTED] 0.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<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)

STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

Full Name (Last, First, Middle Initial)

A. THE CITY TOBACCO

Mailing Address 621 LAFAYETTE RD

City SEABROOK

State NH

Zip Code 03874

Purpose of Disbursement
CREDIT CARD PMT [SB21.4286]: EVENT EXPENSE: BEVERAGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2023

FEC Identification Number

C
Transaction ID : SB21B.4328
Amount of Each Disbursement this Period
166.90

Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED RENTALS

Mailing Address 415 WEST ST

City WEST BRIDGEWATER

State MA

Zip Code 02379

Purpose of Disbursement
CREDIT CARD PMT [SB21.4284]: FACILITY RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2023

FEC Identification Number

C
Transaction ID : SB21B.4291
Amount of Each Disbursement this Period
240.00

Memo Item

Full Name (Last, First, Middle Initial)

C. WALMART

Mailing Address 702 SW 8TH ST

City BENTONVILLE

State AR

Zip Code 72716

Purpose of Disbursement
CREDIT CARD PMT [SB21.4284]: EVENT EXPENSE: FOOD/BEVERAGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2023

FEC Identification Number

C
Transaction ID : SB21B.4301
Amount of Each Disbursement this Period
24.72

Memo Item

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

0.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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)

STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

Full Name (Last, First, Middle Initial)

A. WALMART

Mailing Address 702 SW 8TH ST

City
BENTONVILLE

State
AR

Zip Code
72716

Purpose of Disbursement
CREDIT CARD PMT [SB21.4286]: EVENT EXPENSE: FOOD/BEVERAGES

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
08		31		2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4302

Amount of Each Disbursement this Period

[REDACTED] 33.16

Memo Item

Full Name (Last, First, Middle Initial)

B. WALMART

Mailing Address 702 SW 8TH ST

City
BENTONVILLE

State
AR

Zip Code
72716

Purpose of Disbursement
CREDIT CARD PMT [SB21.4286]: EVENT EXPENSE: FOOD/BEVERAGES

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
09		09		2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4303

Amount of Each Disbursement this Period

[REDACTED] 260.89

Memo Item

Full Name (Last, First, Middle Initial)

C. WALMART

Mailing Address 702 SW 8TH ST

City
BENTONVILLE

State
AR

Zip Code
72716

Purpose of Disbursement
CREDIT CARD PMT [SB21.4286]: EVENT EXPENSE: FOOD/BEVERAGES

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
09		10		2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4304

Amount of Each Disbursement this Period

[REDACTED] 86.73

Memo Item

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

[REDACTED] 0.00

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

[REDACTED] 7571.44