

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

Reclaim America PAC

ADDRESS (number and street) 228 S WASHINGTON ST STE 115

Check if different than previously reported. (ACC) Alexandria VA 22314

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00500025

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:
- | | | | |
|---|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input checked="" type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on MM / DD / YYYYYY in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on MM / DD / YYYYYY in the State of

5. Covering Period MM / DD / YYYYYY through MM / DD / YYYYYY

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 Lisker, Lisa, , ,

Signature of Treasurer Lisker, Lisa, , , Date MM / DD / YYYYYY

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									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Reclaim America PAC

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="2024"/>	<input type="text" value="69765.31"/>	<input type="text" value="69765.31"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="72402.39"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="108481.10"/>	<input type="text" value="165981.10"/>
(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="180883.49"/>	<input type="text" value="235746.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="18474.86"/>	<input type="text" value="73337.78"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="162408.63"/>	<input type="text" value="162408.63"/>
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

Reclaim America PAC

Report Covering the Period: From: 03 / 01 / 2024 To: 03 / 31 / 2024

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).....	14100.00	30100.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	14100.00	30100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	72000.00	113500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	86100.00	143600.00
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).....	22381.10	22381.10
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)).....▶	108481.10	165981.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	108481.10	165981.10

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	8474.86	48337.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	8474.86	48337.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	25000.00
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)) ..	18474.86	73337.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18474.86	73337.78

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)	86100.00	143600.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	86100.00	143600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	8474.86	48337.78
37. Offsets to Operating Expenditures (from Line 15, page 3).....	22381.10	22381.10
38. Net Operating Expenditures (subtract Line 37 from Line 36)	- 13906.24	25956.68

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 26
(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)
Reclaim America PAC

A. FUENTES, JOSE, A., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 MAINE AVE SW
 City WASHINGTON State DC Zip Code 20024-3446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EASTPORT STRATEGIES LLC Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 27 / 2024
Transaction ID : SA11A.2712656
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

B. HIPP, VAN, D., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 809 N. QUAKER LANE
 City ALEXANDRIA State VA Zip Code 22302-3416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMERICAN DEFENSE INTL. INC. Occupation (for Individual) CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 27 / 2024
Transaction ID : SA11A.2712654
 Amount of Each Receipt this Period 1500.00
 Memo Item
 CONTRIBUTION

C. KEISER, ANDREW, J., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 TENNESSEE AVENUE
 City WASHINGTON State DC Zip Code 20002-6445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NAVIGATORS GLOBAL Occupation (for Individual) PRINCIPAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 20 / 2024
Transaction ID : SA11A.2707659
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MCDOWELL, ROBERT, M., MR.,

Mailing Address **9192 OLD COURTHOUSE ROAD**

City VIENNA	State VA	Zip Code 22182-2114
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WILEY REIN, LLP	Occupation (for Individual) ATTORNEY
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 14 / 2024

Transaction ID : SA11A.2703346

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MUNK, JEFFREY, W., MR.,

Mailing Address **1700 H STREET NW**

City WASHINGTON	State DC	Zip Code 20006-4601
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MUNK POLICY & LAW	Occupation (for Individual) ATTORNEY
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 31 / 2024

Transaction ID : SA11A.2716035

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. OKUN, BERNARD, R., MR.,

Mailing Address **6612 MAUGH RD**

City MCLEAN	State VA	Zip Code 22101-4021
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) THE O TEAM	Occupation (for Individual) PRESIDENT
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 27 / 2024

Transaction ID : SA11A.2712655

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 26
 (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

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. STEPHENS, TYLER, , ,

Mailing Address 1155 F STREET NORTHWEST

City WASHINGTON	State DC	Zip Code 20004-1312
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FIERCE GOVERNMENT RELATIONS	Occupation (for Individual) LOBBYIST
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2024

Transaction ID : SA11A.2713333

Amount of Each Receipt this Period
3300.00

Memo Item
CONTRIBUTION

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

Mailing Address 3908 COLONEL ELLIS AVENUE

City ALEXANDRIA	State VA	Zip Code 22304-1704
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MAYNOR & STIERS LLC	Occupation (for Individual) CONSULTANT
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2024

Transaction ID : SA11A.2708240

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SWEET, MARTIN, JAY, MR. ,

Mailing Address 3426 COMMUNITY DRIVE

City JUPITER	State FL	Zip Code 33458-8751
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FLORIDA ATLANTIC UNIVERSITY	Occupation (for Individual) PROFESSOR
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2024

Transaction ID : SA11A.2707658

Amount of Each Receipt this Period
3300.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	7100.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. ZUMWALT , BRYAN , D., MR.,			Date of Receipt
Mailing Address 4109 18TH ST N			<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2024"/>
City ARLINGTON	State VA	Zip Code 22207-3055	Transaction ID : SA11A.2712657
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Name of Employer (for Individual) FTI		Occupation (for Individual) CONSULTING	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. TRANSNATIONAL SOLUTIONS, LLC			Date of Receipt
Mailing Address 5700 COLLINS AVE. PH. A			<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2024"/>
City MIAMI BEACH	State FL	Zip Code 33140-2339	Transaction ID : SA11A.2680223
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1500.00"/>
Name of Employer (for Individual)		Occupation (for Individual)	<input checked="" type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	SEE ATTRIBUTION BELOW

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. PERLES, STEVE, , ,			Date of Receipt
Mailing Address 3737 COLLINS AVENUE, S401			<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2024"/>
City MIAMI BEACH	State FL	Zip Code 33140-4027	Transaction ID : SA11A.2710868
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1500.00"/>
Name of Employer (for Individual) THE PERLES LAW FIRM, PC		Occupation (for Individual) ATTORNEY	<input checked="" type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <input type="text" value="2000.00"/>	PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="14100.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 26
<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)
Reclaim America PAC

A. ALTRIA GROUP, INC. PAC/ALTRIAPAC

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

Mailing Address 101 CONSTITUTION AVE. NW STE. 400W

City WASHINGTON	State DC	Zip Code 20001-2155
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FEC ID number of contributing federal political committee. **C** C00089136

Name of Employer (for Individual)	Occupation (for Individual)
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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
 03 / 31 / 2024

Transaction ID : SA11C.2716047

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

B. BOEING COMPANY PAC

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

Mailing Address 929 LONG BRIDGE DR.

City ARLINGTON	State VA	Zip Code 22202-4208
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FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer (for Individual)	Occupation (for Individual)
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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
 03 / 31 / 2024

Transaction ID : SA11C.2715394

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

C. COVINGTON & BURLING LLP PAC

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

Mailing Address 850 TENTH STREET NW
ONE CITY CENTER

City WASHINGTON	State DC	Zip Code 20001-4956
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FEC ID number of contributing federal political committee. **C** C00462630

Name of Employer (for Individual)	Occupation (for Individual)
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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
 03 / 31 / 2024

Transaction ID : SA11C.2716046

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	15000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 26
<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)
Reclaim America PAC

A. CUBIC CORPORATION EMPLOYEES' PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 9333 BALBOA AVE M/S 10-2

City SAN DIEGO	State CA	Zip Code 92123-1515
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FEC ID number of contributing federal political committee. **C** C00151787

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2024

Transaction ID : SA11C.2716045

Amount of Each Receipt this Period
3500.00

Memo Item
CONTRIBUTION

B. DELTA AIR LINES PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 601 PENNSYLVANIA AVENUE NORTHWEST
SUITE 700 NORTH

City WASHINGTON	State DC	Zip Code 20004-2601
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FEC ID number of contributing federal political committee. **C** C00104802

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
03	/	27	/	2024

Transaction ID : SA11C.2712670

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C. GENERAL ATOMICS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. BOX 85608

City SAN DIEGO	State CA	Zip Code 92186-5608
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FEC ID number of contributing federal political committee. **C** C00215285

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2024

Transaction ID : SA11C.2720048

Amount of Each Receipt this Period
3500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	9500.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 26
<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)
Reclaim America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. HUMANA INC. POLITICAL ACTION COMMITTEE

Mailing Address 975 F ST NW
STE 520

City WASHINGTON State DC Zip Code 20004-1466

FEC ID number of contributing federal political committee. **C** C00271007

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
03 / 31 / 2024
Transaction ID : SA11C.2716043

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. INTERNATIONAL BANK OF COMMERCE PAC

Mailing Address 1200 SAN BENARDO AVENUE

City LAREDO State TX Zip Code 78040-

FEC ID number of contributing federal political committee. **C** C00276592

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
03 / 31 / 2024
Transaction ID : SA11C.2716042

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. JM FAMILY ENTERPRISES, INC. PAC

Mailing Address 111 JIM MORAN BLVD.

City DEERFIELD BEACH State FL Zip Code 33442-1701

FEC ID number of contributing federal political committee. **C** C00240911

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3500.00

Date of Receipt
03 / 27 / 2024
Transaction ID : SA11C.2712663

Amount of Each Receipt this Period
3500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	6500.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 26
<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)
Reclaim America PAC

A. JOHNSON & JOHNSON POLITICAL ACTION COMMITTEE

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

Mailing Address 1350 I ST NW
STE 1210

City WASHINGTON State DC Zip Code 20005-3305

FEC ID number of contributing federal political committee. **C** C00010983

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
03 / 27 / 2024
Transaction ID : SA11C.2712666

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. L3HARRIS TECHNOLOGIES, INC. PAC

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

Mailing Address 600 MARYLAND AVENUE SW STE 850E

City WASHINGTON State DC Zip Code 20024-2566

FEC ID number of contributing federal political committee. **C** C00100321

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
03 / 31 / 2024
Transaction ID : SA11C.2720047

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

C. LOCKHEED MARTIN EMPLOYEES' PAC

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

Mailing Address 2121 CRYSTAL DRIVE SUITE 100

City ARLINGTON State VA Zip Code 22202-3706

FEC 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 ▼
5000.00

Date of Receipt
03 / 31 / 2024
Transaction ID : SA11C.2716041

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	9000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 26
<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)
Reclaim America PAC

A. MANTECH PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 2251 CORPORATE PARK DR 6TH FLOOR

City HERNDON	State VA	Zip Code 20171-4839
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00208983

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2024

Transaction ID : SA11C.2712665

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. MOSAIC COMPANY POLITICAL ACTION COMMITTEE (MOSAICPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 13830 CIRCA CROSSING DRIVE

City LITHIA	State FL	Zip Code 33547-3953
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00455766

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
03	/	27	/	2024

Transaction ID : SA11C.2712671

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

C. NATIONAL AIR TRAFFIC CONTROLLERS ASSOC. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1325 MASSACHUSETTS AVE NW FLR 1

City WASHINGTON	State DC	Zip Code 20005-4171
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2024

Transaction ID : SA11C.2712667

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 26
<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)
Reclaim America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. NATIONAL APARTMENT ASSOCIATION PAC

Mailing Address 4300 WILSON BLVD STE 800

City ARLINGTON	State VA	Zip Code 22203-4213
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00113241

Name of Employer (for Individual)	Occupation (for Individual)
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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
 03 / 27 / 2024

Transaction ID : SA11C.2712668

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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

Mailing Address 100 W WALNUT ST

City PASADENA	State CA	Zip Code 91124-0001
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00103549

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2024

Transaction ID : SA11C.2697477

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

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

Mailing Address 100 W WALNUT ST

City PASADENA	State CA	Zip Code 91124-0001
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00103549

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024

Transaction ID : SA11C.2716044

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	8000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 26
<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)
Reclaim America PAC

A. PHILIPS NORTH AMERICA LLC PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 901 15TH ST NW STE 510

City WASHINGTON	State DC	Zip Code 20005-2319
FEC ID number of contributing federal political committee. C C00239780		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2024
Transaction ID : SA11C.2716048

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

B. RESOLUTE FOREST PRODUCTS PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1950 ROLAND CLARKE PL STE 300

City RESTON	State VA	Zip Code 20191-1414
FEC ID number of contributing federal political committee. C C00350884		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2024
Transaction ID : SA11C.2712664

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. SENIORS HOUSING PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 5225 WISCONSIN AVE NW SUITE 500

City WASHINGTON	State DC	Zip Code 20015-2034
FEC ID number of contributing federal political committee. C C00325332		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2024
Transaction ID : SA11C.2697478

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	5500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 26
<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)
Reclaim America PAC

A. TEXTRON PAC

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

Mailing Address 40 WESTMINSTER ST

City PROVIDENCE	State RI	Zip Code 02903-2525
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00123612

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2024

Transaction ID : SA11C.2697476

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

B. VERIZON COMMUNICATIONS, INC. PAC (VERIZON PAC)

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

Mailing Address 1300 I STREET NW, STE 500 EAST

City WASHINGTON	State DC	Zip Code 20005-
--------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer (for Individual)	Occupation (for Individual)
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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
 03 / 18 / 2024

Transaction ID : SA11C.2706392

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

C. VISA, INC. PAC

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

Mailing Address 701 PENNSYLVANIA AVE NW STE 800

City WASHINGTON	State DC	Zip Code 20004-2654
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00365122

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 M / D D D / Y Y Y Y Y Y
 03 / 27 / 2024

Transaction ID : SA11C.2712669

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	8500.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 18 OF 26	
(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)
Reclaim America PAC

A. WALMART INC. PAC FOR RESPONSIBLE GOVERNMENT

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

Mailing Address 702 SW 8TH STREET

City BENTONVILLE	State AR	Zip Code 72716-6209
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	31	/	2024

Transaction ID : SA11C.2720046

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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).....▶	72000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 OF 26
(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)
Reclaim America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. FOUR SEASONS HOTEL-SURFSIDE

Mailing Address 9011 COLLINS AVE

City SURFSIDE	State CA	Zip Code 33154
------------------	-------------	-------------------

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 ▼
22381.10

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2024

Transaction ID : SA15.37969

Amount of Each Receipt this Period
22381.10

Memo Item
VENDOR REFUND-DEPOSIT RETURN

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	22381.10
TOTAL This Period (last page this line number only).....▶	22381.10

**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)
Reclaim America PAC

Full Name (Last, First, Middle Initial) A. HANIGAN, ASHTON, , ,		Date of Disbursement MM / DD / YYYY 03 / 15 / 2024	
Mailing Address C/O 228 S. WASHINGTON ST STE 115		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I3795! Amount of Each Disbursement this Period [REDACTED] 962.59	
City ALEXANDRIA	State VA	Zip Code 22314	Category/ Type [REDACTED]
Purpose of Disbursement TRAVEL-SEE MEMOS			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) B. HANIGAN, ASHTON, , ,		Date of Disbursement MM / DD / YYYY 03 / 15 / 2024	
Mailing Address C/O 228 S. WASHINGTON ST STE 115		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I3796! Amount of Each Disbursement this Period [REDACTED] 173.28	
City ALEXANDRIA	State VA	Zip Code 22314	Category/ Type [REDACTED]
Purpose of Disbursement MILEAGE			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) C. ALOFT-SARASOTA		Date of Disbursement MM / DD / YYYY 03 / 15 / 2024	
Mailing Address 1401 RINGLING BLVD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I3796 Amount of Each Disbursement this Period [REDACTED] 209.05	
City SARASOTA	State FL	Zip Code 34236	Category/ Type [REDACTED]
Purpose of Disbursement TRAVEL			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 962.59
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)
Reclaim America PAC

A. SPRINGHILL SUITES MARRIOTT

Full Name (Last, First, Middle Initial)

Mailing Address 5130 NW 8TH AVE

City BOCA RATON State FL Zip Code 33487

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 15 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I3796f

Amount of Each Disbursement this Period: 439.73

Memo Item

B. HANIGAN, ASHTON, , ,

Full Name (Last, First, Middle Initial)

Mailing Address C/O 228 S. WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 15 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I3795f

Amount of Each Disbursement this Period: 1236.82

Memo Item

C. HANIGAN, ASHTON, , ,

Full Name (Last, First, Middle Initial)

Mailing Address C/O 228 S. WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 29 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I3795f

Amount of Each Disbursement this Period: 1236.83

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2473.65

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)
Reclaim America PAC

A. HOLLER, DAN, , ,

Full Name (Last, First, Middle Initial)

Date of Disbursement: 03 / 29 / 2024

Mailing Address: C/O 228 S. WASHINGTON ST. STE. 115

City: ALEXANDRIA State: VA Zip Code: 22314

Purpose of Disbursement: STRATEGIC CONSULTING

Candidate Name: []

Office Sought: [] House [] Senate [] President

Disbursement For: [] Primary [] General [] Other (specify) ▼

State: District:

FEC Identification Number: C []

Transaction ID : SB21B.I3796

Amount of Each Disbursement this Period: 2491.25

Memo Item

B. HOWD, CHRIS, , ,

Full Name (Last, First, Middle Initial)

Date of Disbursement: 03 / 29 / 2024

Mailing Address: 1024 N. RANDOLPH ST.

City: ARLINGTON State: VA Zip Code: 22201

Purpose of Disbursement: ADMINISTRATIVE CONSULTING

Candidate Name: []

Office Sought: [] House [] Senate [] President

Disbursement For: [] Primary [] General [] Other (specify) ▼

State: District:

FEC Identification Number: C []

Transaction ID : SB21B.I3796C

Amount of Each Disbursement this Period: 657.67

Memo Item

C. ADP

Full Name (Last, First, Middle Initial)

Date of Disbursement: 03 / 08 / 2024

Mailing Address: ONE ADP BLVD

City: ROSELAND State: NJ Zip Code: 07068

Purpose of Disbursement: PAYROLL SERVICE

Candidate Name: []

Office Sought: [] House [] Senate [] President

Disbursement For: [] Primary [] General [] Other (specify) ▼

State: District:

FEC Identification Number: C []

Transaction ID : SB21B.I3794

Amount of Each Disbursement this Period: 114.40

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3263.32

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)

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

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Form A: ADP. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (PAYROLL TAXES), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (03/15/2024), FEC Identification Number, Transaction ID (SB21B.I3794), and Amount of Each Disbursement (265.64).

Form B: ADP. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (WORKERS COMP), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (03/15/2024), FEC Identification Number, Transaction ID (SB21B.I3794), and Amount of Each Disbursement (11.24).

Form C: ADP. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (PAYROLL SERVICE), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (03/22/2024), FEC Identification Number, Transaction ID (SB21B.I3795), and Amount of Each Disbursement (114.40).

SUBTOTAL of Disbursements This Page (optional) 391.28
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)
Reclaim America PAC

A. ADP

Full Name (Last, First, Middle Initial)

Mailing Address **ONE ADP BLVD**

City **ROSELAND** State **NJ** Zip Code **07068**

Purpose of Disbursement
PAYROLL SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **03 / 29 / 2024**

FEC Identification Number: **C**
Transaction ID : SB21B.I3795'
Amount of Each Disbursement this Period: **228.48**

Memo Item

B. ADP

Full Name (Last, First, Middle Initial)

Mailing Address **ONE ADP BLVD**

City **ROSELAND** State **NJ** Zip Code **07068**

Purpose of Disbursement
WORKERS COMP

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **03 / 29 / 2024**

FEC Identification Number: **C**
Transaction ID : SB21B.I37952
Amount of Each Disbursement this Period: **11.24**

Memo Item

C. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address **P.O. BOX 84314**

City **BATON ROUGE** State **LA** Zip Code **70884**

Purpose of Disbursement
ONLINE PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **03 / 14 / 2024**

FEC Identification Number: **C**
Transaction ID : SB21B.I3795
Amount of Each Disbursement this Period: **19.05**

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ **258.77**

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)
Reclaim America PAC

A. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 84314

City **BATON ROUGE** State **LA** Zip Code **70884**

Purpose of Disbursement
ONLINE PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **03 / 31 / 2024**

FEC Identification Number: **C**

Transaction ID : SB21B.I3795

Amount of Each Disbursement this Period: **303.95**

Memo Item

B. BB&T FINANCIAL

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 580340

City **CHARLOTTE** State **NC** Zip Code **28258**

Purpose of Disbursement
CREDIT CARD PAYMENT-SEE MEMOS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **03 / 17 / 2024**

FEC Identification Number: **C**

Transaction ID : SB21B.I3795

Amount of Each Disbursement this Period: **817.80**

Memo Item

C. INTUIT

Full Name (Last, First, Middle Initial)

Mailing Address 2632 MARINE WAY

City **MTN. VIEW** State **CA** Zip Code **94043-1126**

Purpose of Disbursement
SOFTWARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **03 / 17 / 2024**

FEC Identification Number: **C**

Transaction ID : SB21B.I3796

Amount of Each Disbursement this Period: **645.00**

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ **1121.75**

TOTAL This Period (last page this line number only)..... ▶ **8471.36**

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, where 23 is checked.

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Form A: FEDORCHAK FOR ND. Includes fields for Full Name, Mailing Address, City (BISMARCK), State (ND), Zip Code (58502), Purpose of Disbursement (CONTRIBUTION), Candidate Name (FEDORCHAK, JULIE, . .), Office Sought (House), Disbursement For (2024), and Amount of Each Disbursement (5000.00).

Form B: FRIENDS OF DAVE MCCORMICK. Includes fields for Full Name, Mailing Address, City (PITTSBURGH), State (PA), Zip Code (15222), Purpose of Disbursement (CONTRIBUTION), Candidate Name (MCCORMICK, DAVE, . .), Office Sought (Senate), Disbursement For (2024), and Amount of Each Disbursement (5000.00).

Form C: Empty form with fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, and Amount of Each Disbursement.

SUBTOTAL of Disbursements This Page (optional) 10000.00
TOTAL This Period (last page this line number only) 10000.00