

**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

C3 PAC

ADDRESS (number and street)

1390 CHAIN BRIDGE RD

SUITE 515

Check if different  
than previously  
reported. (ACC)

MCLEAN

VA

22101

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00680314

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

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

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

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

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

M M M

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

M M M

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

OZANUS, WILLIAM, K, ,

Type or Print Name of Treasurer

Signature of Treasurer

OZANUS, WILLIAM, K, ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

C3 PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
03		01		2021

To:

M M	/	D D	/	Y Y Y Y Y
03		31		2021

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2021</td></tr></table>	Y	Y	Y	Y	Y	2021						<table><tr><td colspan="5">39364.47</td></tr></table>	39364.47				
Y	Y	Y	Y	Y													
2021																	
39364.47																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">12205.21</td></tr></table>	12205.21															
12205.21																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">13636.60</td></tr></table>	13636.60					<table><tr><td colspan="5">44610.80</td></tr></table>	44610.80									
13636.60																	
44610.80																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">25841.81</td></tr></table>	25841.81					<table><tr><td colspan="5">83975.27</td></tr></table>	83975.27									
25841.81																	
83975.27																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">12466.58</td></tr></table>	12466.58					<table><tr><td colspan="5">70600.04</td></tr></table>	70600.04									
12466.58																	
70600.04																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">13375.23</td></tr></table>	13375.23					<table><tr><td colspan="5">13375.23</td></tr></table>	13375.23									
13375.23																	
13375.23																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



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

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

C3 PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
03	/	01	/	2021

To:

M M	/	D D	/	Y Y Y Y
03	/	31	/	2021

**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).....

3065.00

4875.00

(ii) Unitemized .....

10571.60

39735.80

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

13636.60

44610.80

(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) .....

13636.60

44610.80

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

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

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

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

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

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

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

13636.60

44610.80

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

13636.60

44610.80

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	12466.58	39133.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	12466.58	39133.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	31467.00
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)) ..	12466.58	70600.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12466.58	70600.04

**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) .....	13636.60	44610.80
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13636.60	44610.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	12466.58	39133.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	12466.58	39133.04

# 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 23

(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)

C3 PAC

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

A. ALMON, JEANETTE, , ,

Mailing Address 5025 WOODMEADOW DR

City  
FORT WORTHState  
TXZip Code  
76135FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

LPCS (LIC PROF COUNSELOR)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2021

Transaction ID : SA11AI.38210

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

B. ANDERSON, LEONARD, , ,

Mailing Address 18 DOLCE LUNA COURT

City  
HENDERSONState  
NVZip Code  
89011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 30 / 2021

Transaction ID : SA11AI.38282

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

C. BROUHARD, JEANINE, , ,

Mailing Address 9247 SEPULVEDA BOULEVARD  
22City  
NORTH HILLSState  
CAZip Code  
91343FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 06 / 2021

Transaction ID : SA11AI.37745

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

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

230.00

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 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. BROUHARD, JEANINE, , ,

Mailing Address 9247 SEPULVEDA BOULEVARD

22

City

NORTH HILLS

State

CA

Zip Code

91343

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 16 / 2021

Transaction ID : SA11AI.38096

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

B. BROUHARD, JEANINE, , ,

Mailing Address 9247 SEPULVEDA BOULEVARD

22

City

NORTH HILLS

State

CA

Zip Code

91343

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2021

Transaction ID : SA11AI.38095

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

C. BROUHARD, JEANINE, , ,

Mailing Address 9247 SEPULVEDA BOULEVARD

22

City

NORTH HILLS

State

CA

Zip Code

91343

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 28 / 2021

Transaction ID : SA11AI.38241

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

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

50.00

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 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**C3 PAC**

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

**A. BROUHARD, JEANINE, , ,**

Mailing Address 9247 SEPULVEDA BOULEVARD

22

City  
NORTH HILLS

State  
CA

Zip Code  
91343

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 30 / 2021

Transaction ID : SA11AI.38277

Amount of Each Receipt this Period

8.00

☐ Memo Item  
CONTRIBUTION

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

**B. BROUHARD, JEANINE, , ,**

Mailing Address 9247 SEPULVEDA BOULEVARD

22

City  
NORTH HILLS

State  
CA

Zip Code  
91343

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 30 / 2021

Transaction ID : SA11AI.38278

Amount of Each Receipt this Period

2.00

☐ Memo Item  
CONTRIBUTION

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

**C. BROUKHIM, BIJAN, , ,**

Mailing Address 1521 LEXINGTON RD

City  
BEVERLY HILLS

State  
CA

Zip Code  
90210

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 09 / 2021

Transaction ID : SA11AI.37919

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

110.00



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. CASSIDY, AL, , ,**

Mailing Address 2954 PLANTATION ROAD

City  
WINTER HAVEN

State  
FL

Zip Code  
33884

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
REAL ESTATE DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2021

Transaction ID : SA11AI.37826

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. CHEATHAM, NANCY, M, ,**

Mailing Address 811 WEST GRAY STREET

City  
HOUSTON

State  
TX

Zip Code  
77019

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COMMAND VENTURES INC

Occupation (for Individual)  
COMPTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2021

Transaction ID : SA11AI.38053

Amount of Each Receipt this Period

110.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. CHEATHAM, NANCY, M, ,**

Mailing Address 811 WEST GRAY STREET

City  
HOUSTON

State  
TX

Zip Code  
77019

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COMMAND VENTURES INC

Occupation (for Individual)  
COMPTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 24 / 2021

Transaction ID : SA11AI.38212

Amount of Each Receipt this Period

120.00

☐ Memo Item  
CONTRIBUTION

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

330.00

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 10 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. EAD, CHRISTINE, , ,

Mailing Address 158 WASHINGTON DRIVE

City  
WATCHUNGState  
NJZip Code  
07069FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2021

Transaction ID : SA11AI.37631

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

B. FAUNTLEROY, KATE, , ,

Mailing Address 8046 NORTH PROMONTORY RANCH ROAD

City  
PARK CITYState  
UTZip Code  
84098FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2021

Transaction ID : SA11AI.37736

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

C. FREUND, KENNETH, , ,

Mailing Address 23457 EAST EXPOSITION AVENUE

City  
AURORAState  
COZip Code  
80018FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2021

Transaction ID : SA11AI.37727

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 11 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. GAMBLE, KENNETH, , ,

Mailing Address 175 HUGUENOT STREET

City

NEW ROCHELLE

State

NY

Zip Code

10801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2021

Transaction ID : SA11AI.37635

Amount of Each Receipt this Period

120.00

☐ Memo Item  
CONTRIBUTION

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

B. GOMES, LUCIANO, , ,

Mailing Address 551 TWIN LAKE DRIVE

City

SUMMERVILLE

State

SC

Zip Code

29483

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF EMPLOYED

Occupation (for Individual)

CONSTRUCTION

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 17 / 2021

Transaction ID : SA11AI.37985

Amount of Each Receipt this Period

90.00

☐ Memo Item  
CONTRIBUTION

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

C. GWALTNEY, ROSALIE, , ,

Mailing Address 1531 N. MAIN STREET

City

LOVINGTON

State

NM

Zip Code

88260

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NOR-LEA REGIONAL HOSPITAL

Occupation (for Individual)

NURSE ANESTHETIST

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 05 / 2021

Transaction ID : SA11AI.37742

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

310.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 12 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. GWALTNEY, ROSALIE, , ,

Mailing Address 1531 N. MAIN STREET

City  
LOVINGTONState  
NMZip Code  
88260FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NOR-LEA REGIONAL HOSPITALOccupation (for Individual)  
NURSE ANESTHETIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 21 / 2021

Transaction ID : SA11AI.38082

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

B. HAMMETT, PEGGY, , ,

Mailing Address 2330 LAKEWOOD YACHT CLUB DR #3

City  
SEABROOKState  
TXZip Code  
77586FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 19 / 2021

Transaction ID : SA11AI.38057

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

C. JOHNSON, RALPH, , ,

Mailing Address 14806 WEST SKY HAWK DRIVE

City  
SUN CITY WESTState  
AZZip Code  
85375FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RD JOHNSONOccupation (for Individual)  
PUBLIC ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2021

Transaction ID : SA11AI.38231

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

325.00

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 13 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**C3 PAC**

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

**A. JONES, CHARLES, , ,**

Mailing Address 4505 LITTLE RIVER ROAD

City  
BIRMINGHAM

State  
AL

Zip Code  
35213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
BLUESTONE COKE, LLC

Occupation (for Individual)  
ENVIRONMENTAL CHEMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

**03** / **10** / **2021**

**Transaction ID : SA11AI.37830**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. KRONEWITTER, JAMES, , ,**

Mailing Address 3818 134TH PLACE SOUTHWEST

City  
LYNNWOOD

State  
WA

Zip Code  
98087

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
THE BOEING COMPANY

Occupation (for Individual)  
QUALITY SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

**03** / **08** / **2021**

**Transaction ID : SA11AI.37771**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. KUHLWEIN, HELEN, , ,**

Mailing Address 7819 PATTERSON RD

City  
HILLIARD

State  
OH

Zip Code  
43026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

**03** / **23** / **2021**

**Transaction ID : SA11AI.38183**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

300.00

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**C3 PAC**

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

**A. LEWIS, DALE, , ,**

Mailing Address 6203 HIGHCROFT DRIVE

City  
NAPLES

State  
FL

Zip Code  
34119

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFC

Occupation (for Individual)  
RN/ADMIN ASST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 17 / 2021

**Transaction ID : SA11AI.37998**

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

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

**B. MACKEY, SUSAN, , ,**

Mailing Address 2316 NORTH PATTERSON STREET

City  
VALDOSTA

State  
GA

Zip Code  
31602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2021

**Transaction ID : SA11AI.37812**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. MASON, JUANITA, , ,**

Mailing Address 414 WATER ST APT 2402

City  
BALTIMORE

State  
MD

Zip Code  
21202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 06 / 2021

**Transaction ID : SA11AI.37650**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

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

225.00

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

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

FOR LINE NUMBER: PAGE 15 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. MASON, JUANITA, , ,

Mailing Address 414 WATER ST APT 2402

City  
BALTIMORE

State  
MD

Zip Code  
21202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2021

Transaction ID : SA11AI.37797

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

B. MCGETTIGAN, LIDIA, , ,

Mailing Address 11 LAWNSIDE RD

City  
CHELTENHAM

State  
PA

Zip Code  
19012

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EXPRESS BUSINESS

Occupation (for Individual)  
TAX ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 06 / 2021

Transaction ID : SA11AI.37644

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

C. MCGETTIGAN, LIDIA, , ,

Mailing Address 11 LAWNSIDE RD

City  
CHELTENHAM

State  
PA

Zip Code  
19012

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EXPRESS BUSINESS

Occupation (for Individual)  
TAX ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2021

Transaction ID : SA11AI.37793

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

145.00

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 16 OF 23  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**C3 PAC**

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

**A. MORGAN, CONNIE JO, , ,**

Mailing Address P. O. BOX 93

City  
FRANKLIN

State  
IL

Zip Code  
62638

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2021

Transaction ID : SA11AI.37867

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

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

**B. MOSER, MARILEEN, , ,**

Mailing Address 12129 E. DEL NORTE

City  
YUMA

State  
AZ

Zip Code  
85367

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2021

Transaction ID : SA11AI.38079

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**C. NOBLE, LAWRENCE, , ,**

Mailing Address 567 W.CHANNEL ISLANDS BLVD.

City  
PORT HUENEME

State  
CA

Zip Code  
93041

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 19 / 2021

Transaction ID : SA11AI.38107

Amount of Each Receipt this Period

90.00

☐ Memo Item  
CONTRIBUTION

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

135.00

**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  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**C3 PAC**

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

**A. PARKS, PAUL, , ,**

Mailing Address 4230 CAMINO TICINO

City  
SAN DIEGO

State  
CA

Zip Code  
92122

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GENERAL ATOMICS

Occupation (for Individual)  
PHYSICIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2021

Transaction ID : SA11AI.37748

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. PARKS, PAUL, , ,**

Mailing Address 4230 CAMINO TICINO

City  
SAN DIEGO

State  
CA

Zip Code  
92122

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GENERAL ATOMICS

Occupation (for Individual)  
PHYSICIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2021

Transaction ID : SA11AI.37931

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

**C. PAULOS, BARBARA, , ,**

Mailing Address 4760 HIGHLAND DRIVE

City  
SALT LAKE CITY

State  
UT

Zip Code  
84117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2021

Transaction ID : SA11AI.38072

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

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

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

110.00

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 18 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**C3 PAC**

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

**A. ROCK, RON, , ,**

Mailing Address **E. 1593 POLSTON AVE.**

City  
**POST FALLS**

State  
ID

Zip Code  
**83854**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**RETIRED**

Occupation (for Individual)  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**03 / 16 / 2021**

**Transaction ID : SA11AI.37901**

Amount of Each Receipt this Period

**80.00**

☐ Memo Item  
CONTRIBUTION

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

**B. SONG, WILLIAM, , ,**

Mailing Address **1156 LAS LOMAS DRIVE**

City  
**LA HABRA**

State  
CA

Zip Code  
**90631**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**RETIRED**

Occupation (for Individual)  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**740.00**

Date of Receipt

**03 / 07 / 2021**

**Transaction ID : SA11AI.37744**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item  
CONTRIBUTION

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

**C. SONG, WILLIAM, , ,**

Mailing Address **1156 LAS LOMAS DRIVE**

City  
**LA HABRA**

State  
CA

Zip Code  
**90631**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**RETIRED**

Occupation (for Individual)  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

**790.00**

Date of Receipt

**03 / 08 / 2021**

**Transaction ID : SA11AI.37743**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item  
CONTRIBUTION

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

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

**180.00**

# 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 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City  
LA HABRAState  
CAZip Code  
90631FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

815.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 09 / 2021

Transaction ID : SA11AI.37921

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

B. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City  
LA HABRAState  
CAZip Code  
90631FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2021

Transaction ID : SA11AI.37920

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

C. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City  
LA HABRAState  
CAZip Code  
90631FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 17 / 2021

Transaction ID : SA11AI.38091

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

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

145.00

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  
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FOR LINE NUMBER: PAGE 20 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City  
LA HABRAState  
CAZip Code  
90631FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

985.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 19 / 2021

Transaction ID : SA11AI.38090

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

B. SONG, WILLIAM, , ,

Mailing Address 1156 LAS LOMAS DRIVE

City  
LA HABRAState  
CAZip Code  
90631FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1030.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2021

Transaction ID : SA11AI.38239

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

C. WITKIN, JACK, , ,

Mailing Address 1535 HIGH ST

City  
BOULDERState  
COZip Code  
80304FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2021

Transaction ID : SA11AI.38068

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

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

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

170.00

3065.00

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

PAGE 21 OF 23

<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)

**C3 PAC**

Full Name (Last, First, Middle Initial)

**A. I360 LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2021

Mailing Address 29374 NETWORK PLACE

City  
CHICAGOState  
ILZip Code  
60673Purpose of Disbursement  
WEB SERVICE/SUBSCRIPTION

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.37956**

Amount of Each Disbursement this Period

861.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. INTUIT**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2021

Mailing Address 2700 COAST AVE

City  
MOUNTAIN VIEWState  
CAZip Code  
94043Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.38127**

Amount of Each Disbursement this Period

70.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2021

Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.37614**

Amount of Each Disbursement this Period

192.00

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

1123.76

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

PAGE 22 OF 23

<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)

**C3 PAC**

Full Name (Last, First, Middle Initial)

**A. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		08		2021

Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.37626**

Amount of Each Disbursement this Period

2710.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		15		2021

Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.37775**

Amount of Each Disbursement this Period

3135.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		22		2021

Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.37958**

Amount of Each Disbursement this Period

3002.63

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

8848.65

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 23

<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)

**C3 PAC**

Full Name (Last, First, Middle Initial)

**A. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2021

Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB21B.38128**

Amount of Each Disbursement this Period

2049.58

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2021

Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB21B.38264**

Amount of Each Disbursement this Period

427.59

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

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

2477.17

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

12449.58