

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Defend Our Conservative Senate PAC (DOC'S 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="2022"/>		30110.55
(b) Cash on Hand at Beginning of Reporting Period.....	110133.70	
(c) Total Receipts (from Line 19)	22250.00	282475.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	132383.70	312586.53
7. Total Disbursements (from Line 31).....	33954.65	214157.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	98429.05	98429.05
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Defend Our Conservative Senate PAC (DOC'S PAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2250.00	11250.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2250.00	11250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	20000.00	255500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	22250.00	266750.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	12192.58
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	2033.40
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	1500.00
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)).....▶	22250.00	282475.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	22250.00	282475.98

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	8954.65	86657.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	8954.65	86657.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	123500.00
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	4000.00
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)) ..	33954.65	214157.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33954.65	214157.48

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	22250.00	266750.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22250.00	266750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	8954.65	86657.48
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	2033.40
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8954.65	84624.08

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 15
(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)
Defend Our Conservative Senate PAC (DOC'S PAC)

A. BARLOON, WILLIAM, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6048 EDGEWOOD TERRACE
 City ALEXANDRIA State VA Zip Code 22307-1123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2022
Transaction ID : SA11A.54273
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. HAWKINS, JAMES, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2604 N. NELSON ST.
 City ARLINGTON State VA Zip Code 22207-5032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALPINE GROUP Occupation (for Individual) LOBBYIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2022
Transaction ID : SA11A.54275
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

C. ZUMWALT, BRYAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4109 18TH ST. N
 City ARLINGTON State VA Zip Code 22207-3055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FTI CONSULTING Occupation (for Individual) SENIOR MANAGING DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2022
Transaction ID : SA11A.54274
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
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 7 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Defend Our Conservative Senate PAC (DOC'S PAC)

A. RED RIVER CO, LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 15239

City WASHINGTON	State DC	Zip Code 20003-0239
--------------------	-------------	------------------------

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 ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2022

Transaction ID : SA11A.54373

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

IN KIND - FUNDRAISING SERVICES; SEE ATTRIBUTION BELOW; SEE ATTRIBUTION

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

Mailing Address 1110 TRINITY DRIVE

City ALEXANDRIA	State VA	Zip Code 22314-4722
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RED RIVER CO, LLC	Occupation (for Individual) PARTNER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2022

Transaction ID : SA11A.54374

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

FUNDRAISING SERVICES; PARTNERSHIP ATTRIBUTION

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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	2250.00

**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 8 OF 15
<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)
Defend Our Conservative Senate PAC (DOC'S PAC)

A. AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTI
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 MASSACHUSETTS AVENUE, NW, SUITE
 City WASHINGTON State DC Zip Code 20001-
 FEC ID number of contributing federal political committee. **C** C00413955
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2022
Transaction ID : SA11C.54278
 Amount of Each Receipt this Period
 2500.00
 Memo Item
 CONTRIBUTION

B. AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 14TH STREET, NW
 SUITE 1100
 City WASHINGTON State DC Zip Code 20005-5627
 FEC ID number of contributing federal political committee. **C** C00000729
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2022
Transaction ID : SA11C.54383
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

C. AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1505 PRINCE STREET
 SUITE 300
 City ALEXANDRIA State VA Zip Code 22314-2874
 FEC ID number of contributing federal political committee. **C** C00024968
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2022
Transaction ID : SA11C.54372
 Amount of Each Receipt this Period
 2500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
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 15
<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)
Defend Our Conservative Senate PAC (DOC'S PAC)

A. DAVITA INC. POLITICAL ACTION COMMITTEE (DAPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 32275 32ND AVE, S.

City FEDERAL WAY	State WA	Zip Code 98001-9616
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FEC ID number of contributing federal political committee. **C** C00340943

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2022

Transaction ID : SA11C.54382

Amount of Each Receipt this Period

1000.00

 Memo Item
CONTRIBUTION

B. ELEVANCE HEALTH, INC. POLITICAL ACTION COMMITTEE (ELEVANCE H

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1001 PENNSYLVANIA AVENUE, NW
SUITE 710

City WASHINGTON	State DC	Zip Code 20004-2513
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FEC ID number of contributing federal political committee. **C** C00197228

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2022

Transaction ID : SA11C.54276

Amount of Each Receipt this Period

2500.00

 Memo Item
CONTRIBUTION

C. POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 317 MASSACHUSETTS AVENUE NORTHEAST
1ST FLOOR

City WASHINGTON	State DC	Zip Code 20002-5769
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00343137

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2022

Transaction ID : SA11C.54272

Amount of Each Receipt this Period

5000.00

 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: (check only one)	PAGE 10 OF 15
<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)
Defend Our Conservative Senate PAC (DOC'S PAC)

A. PROFESSIONAL COMPOUNDING CENTERS OF AMERICA POLITICAL ACTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 9901 SOUTH WILCREST DR

City HOUSTON	State TX	Zip Code 77099-5132
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FEC ID number of contributing federal political committee. **C** C00558452

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2022

Transaction ID : SA11C.54277

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

B. SPINE PAC OF THE NATIONAL ASSOCIATION OF SPINE SPECIALISTS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 7075 VETERANS BLVD.

City BURR RIDGE	State IL	Zip Code 60527-5614
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FEC ID number of contributing federal political committee. **C** C00349225

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2022

Transaction ID : SA11C.54381

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C. THE NORTHWESTERN MUTUAL LIFE INSURANCE CO. FEDERAL PAC (NORT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 720 E WISCONSIN AVE

City MILWAUKEE	State WI	Zip Code 53202-4703
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FEC ID number of contributing federal political committee. **C** C00197095

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2022

Transaction ID : SA11C.54279

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	5500.00
TOTAL This Period (last page this line number only).....	20000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Defend Our Conservative Senate PAC (DOC'S PAC)

Full Name (Last, First, Middle Initial)

A. ROBERTSON, BRENT, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		28		2022

Mailing Address 314 INDEPENDENCE AVE SE
LOWER SUITE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
CAMPAIGN CONSULTING

FEC Identification Number

C [Redacted]
Transaction ID : SB21B.I1891;
Amount of Each Disbursement this Period
[Redacted] 3000.00

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		20		2022

Mailing Address 1593 SPRING HILL RD

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

FEC Identification Number

C [Redacted]
Transaction ID : SB21B.I1891;
Amount of Each Disbursement this Period
[Redacted] 250.00

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C. DELTA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		27		2022

Mailing Address P.O. BOX 20980

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement
TRAVEL

FEC Identification Number

C [Redacted]
Transaction ID : SB21B.I1891
Amount of Each Disbursement this Period
[Redacted] 224.60

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Memo Item

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

[Redacted] 3474.60

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)

Defend Our Conservative Senate PAC (DOC'S PAC)

Full Name (Last, First, Middle Initial)

A. ELECTION CFO

Mailing Address P.O. BOX 26141

City
ALEXANDRIA

State
VA

Zip Code
22313

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2022			

FEC Identification Number

C [Redacted]
Transaction ID : SB21B.I1891:
Amount of Each Disbursement this Period
[Redacted] 864.40

Memo Item

Full Name (Last, First, Middle Initial)

B. RED RIVER CO, LLC

Mailing Address PO BOX 15239

City
WASHINGTON

State
DC

Zip Code
20003-0239

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2022			

FEC Identification Number

C [Redacted]
Transaction ID : SB21B.54373
Amount of Each Disbursement this Period
[Redacted] 250.00

IN KIND - FUNDRAISING SERVICES

Memo Item

Full Name (Last, First, Middle Initial)

C. RUTH'S CHRIS STEAK HOUSE

Mailing Address 1030 WEST CANTON AVENUE
#100

City
WINTER PARK

State
FL

Zip Code
32789

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			19			2022			

FEC Identification Number

C [Redacted]
Transaction ID : SB21B.I1891
Amount of Each Disbursement this Period
[Redacted] 3667.77

Memo Item

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

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

4782.17

[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)

Defend Our Conservative Senate PAC (DOC'S PAC)

Full Name (Last, First, Middle Initial)

A. SCHNEIDER'S LIQUOR

Mailing Address 300 MASSACHUSETTS AVE., NE

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2022			

FEC Identification Number

C

Transaction ID : SB21B.I1890I

Amount of Each Disbursement this Period

332.87

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

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

332.87

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

8589.64

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

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NAME OF COMMITTEE (In Full)
Defend Our Conservative Senate PAC (DOC'S PAC)

Full Name (Last, First, Middle Initial) A. JOSH HAWLEY FOR SENATE		Date of Disbursement MM / DD / YYYY 12 / 31 / 2022
Mailing Address PO BOX 31476		FEC Identification Number C 000652727 Transaction ID : SB23.I18903
City ST. LOUIS	State MO	Zip Code 63131
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name HAWLEY, JOSHUA, DAVID SEN, ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MO	District:	PRIMARY

Full Name (Last, First, Middle Initial) B. JOSH HAWLEY FOR SENATE		Date of Disbursement MM / DD / YYYY 12 / 31 / 2022
Mailing Address PO BOX 31476		FEC Identification Number C 000652727 Transaction ID : SB23.I18904
City ST. LOUIS	State MO	Zip Code 63131
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name HAWLEY, JOSHUA, DAVID SEN, ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MO	District:	GENERAL

Full Name (Last, First, Middle Initial) C. MARSHA FOR SENATE		Date of Disbursement MM / DD / YYYY 12 / 14 / 2022
Mailing Address 6103 MURRAY LANE		FEC Identification Number C 000376939 Transaction ID : SB23.I18900
City BRENTWOOD	State TN	Zip Code 37027
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name BLACKBURN, MARSHA , MRS., ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: TN	District: 07	PRIMARY

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Defend Our Conservative Senate PAC (DOC'S PAC)

Full Name (Last, First, Middle Initial) A. TED CRUZ FOR SENATE		Date of Disbursement MM / DD / YYYY 12 / 14 / 2022
Mailing Address PO BOX 25376		FEC Identification Number C 000492785 Transaction ID : SB23.I18898
City HOUSTON	State TX	Zip Code 77265
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name CRUZ, RAFAEL, EDWARD TED, ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Memo Item
State: TX	District:	

Full Name (Last, First, Middle Initial) B. TED CRUZ FOR SENATE		Date of Disbursement MM / DD / YYYY 12 / 14 / 2022
Mailing Address PO BOX 25376		FEC Identification Number C 000492785 Transaction ID : SB23.I18899
City HOUSTON	State TX	Zip Code 77265
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name CRUZ, RAFAEL, EDWARD TED, ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Memo Item
State: TX	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> Senate	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Memo Item
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	10000.00
TOTAL This Period (last page this line number only).....	25000.00