

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**
OORAH! POLITICAL ACTION COMMITTEE

ADDRESS (number and street) **PO BOX 3743**
Check if different than previously reported. (ACC) **CARMEL IN 46082**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00551853 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on **11** / **08** / **2022** in the State of

5. Covering Period **10** / **20** / **2022** through **11** / **28** / **2022**

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 **WUSLICH, JEFF, , ,**

Signature of Treasurer **WUSLICH, JEFF, , ,** [Electronically Filed] Date **12** / **07** / **2022**

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

OORAH! POLITICAL ACTION COMMITTEE

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"/>		268285.84
(b) Cash on Hand at Beginning of Reporting Period.....	143652.59	
(c) Total Receipts (from Line 19)	81996.19	389959.27
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	225648.78	658245.11
7. Total Disbursements (from Line 31).....	54431.05	487027.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	171217.73	171217.73
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

OORAH! POLITICAL ACTION COMMITTEE

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).....	8100.00	36100.00
(ii) Unitemized	0.00	620.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8100.00	36720.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	51600.00	255150.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	59700.00	291870.00
12. Transfers From Affiliated/Other Party Committees.....	22296.19	98089.27
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)).....▶	81996.19	389959.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	81996.19	389959.27

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	41931.05	276432.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	41931.05	276432.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	112500.00
24. Independent Expenditures (use Schedule E)	0.00	12470.29
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	25.00
(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	25.00
29. Other Disbursements (Including Non-Federal Donations).....	2500.00	85600.00
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)) ..	54431.05	487027.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54431.05	487027.38

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)	59700.00	291870.00
34. Total Contribution Refunds (from Line 28(d))	0.00	25.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	59700.00	291845.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	41931.05	276432.09
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	41931.05	276432.09

**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 6 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
OORAH! POLITICAL ACTION COMMITTEE

A. MEIJER, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 2284
 City GRAND RAPIDS State MI Zip Code 49501-2284
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LIFE EMS AMBULANCE Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 08 / 2022
Transaction ID : SA11A.152392
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

B. ZUMWALT, BRYAN, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4109 18TH STREET NORTH
 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 ▼ 1000.00

Date of Receipt 11 / 04 / 2022
Transaction ID : SA11A.151029
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. POKAGON BAND OF POTAWATOMI INDIANS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 58620 SINK ROAD
 City DOWAGIAC State MI Zip Code 49047-9329
 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 ▼ 2100.00

Date of Receipt 11 / 04 / 2022
Transaction ID : SA11A.151028
 Amount of Each Receipt this Period 2100.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	8100.00
TOTAL This Period (last page this line number only).....	8100.00

**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 7 OF 25
<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)
OORAH! POLITICAL ACTION COMMITTEE

A. ADVANCED MICRO DEVICES, INC. PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
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FEC ID number of contributing federal political committee. **C** C00404483

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
11	/	04	/	2022

Transaction ID : SA11C.151030

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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

Mailing Address 1932 WYNNTON ROAD

City COLUMBUS	State GA	Zip Code 31999-0001
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FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer (for Individual)	Occupation (for Individual)
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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
11	/	08	/	2022

Transaction ID : SA11C.152427

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 1200 17TH STREET NW
SUITE 400

City WASHINGTON	State DC	Zip Code 20036-3012
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FEC ID number of contributing federal political committee. **C** C00107300

Name of Employer (for Individual)	Occupation (for Individual)
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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
10	/	21	/	2022

Transaction ID : SA11C.148901

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	7000.00
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 8 OF 25
<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)
OORAH! POLITICAL ACTION COMMITTEE

A. AT&T INC. FEDERAL PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 S. AKARD STREET
FRONT 2701

City DALLAS	State TX	Zip Code 75202-4206
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FEC ID number of contributing federal political committee. **C** C00109017

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
10	/	25	/	2022

Transaction ID : SA11C.149057

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

B. COUNCIL OF INSURANCE AGENTS & BROKERS PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 PENNSYLVANIA AVE NW STE 750

City WASHINGTON	State DC	Zip Code 20004-2661
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FEC ID number of contributing federal political committee. **C** C00039578

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
11	/	08	/	2022

Transaction ID : SA11C.152391

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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

Mailing Address 1301 PENNSYLVANIA AVENUE, NW
SUITE 200

City WASHINGTON	State DC	Zip Code 20004-1740
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FEC ID number of contributing federal political committee. **C** C00083535

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
11	/	04	/	2022

Transaction ID : SA11C.151025

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 9 OF 25
<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)
OORAH! POLITICAL ACTION COMMITTEE

A. GENERAL MOTORS COMPANY PAC

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

Mailing Address 25 MASSACHUSETTS AVENUE NW
SUITE 400 SUITE 400

City WASHINGTON State DC Zip Code 20001-1427

FEC ID number of contributing federal political committee. **C** C00076810

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
10 / 25 / 2022

Transaction ID : SA11C.149056

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. HALL RENDER KILLIAN HEATH & LYMAN PC EMPLOYEE PAC

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

Mailing Address 500 N MERIDIAN STREET
SUITE 400

City INDIANAPOLIS State IN Zip Code 46204-1293

FEC ID number of contributing federal political committee. **C** C00552083

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
11 / 04 / 2022

Transaction ID : SA11C.151027

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

C. HEALTH CAROUSEL PAC

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

Mailing Address 3805 EDWARDS ROAD
SUITE 700

City CINCINNATI State OH Zip Code 45209-1955

FEC ID number of contributing federal political committee. **C** C00761890

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
11 / 21 / 2022

Transaction ID : SA11C.152608

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	12500.00
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 25
<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)
OORAH! POLITICAL ACTION COMMITTEE

A. INTERNATIONAL COUNCIL OF SHOPPING CENTERS INC PAC

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

Mailing Address 555 12TH STREET NW
SUITE 660

City WASHINGTON State DC Zip Code 20004-1200

FEC ID number of contributing federal political committee. **C** C00217638

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 08 / 2022
Transaction ID : SA11C.152429

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

B. MICROSOFT CORPORATION STAKEHOLDERS VOLUNTARY PAC - MSVPAC

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

Mailing Address 1 MICROSOFT WAY

City REDMOND State WA Zip Code 98052-8300

FEC ID number of contributing federal political committee. **C** C00227546

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
11 / 08 / 2022
Transaction ID : SA11C.152428

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C. NATIONAL APARTMENT ASSOCIATION PAC

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

Mailing Address 4300 WILSON BOULEVARD
SUITE 400

City ARLINGTON State VA Zip Code 22203-4167

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 04 / 2022
Transaction ID : SA11C.151026

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	10000.00
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 25
<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)
OORAH! POLITICAL ACTION COMMITTEE

A. PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION PAC

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

Mailing Address 325 7TH ST, NW
9TH FLOOR

City WASHINGTON State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C** C00388819

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2022

Transaction ID : SA11C.152390

Amount of Each Receipt this Period
2100.00

Memo Item
CONTRIBUTION

B. UNITEDHEALTH GROUP PAC

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

Mailing Address 701 PENNSYLVANIA AVE NW STE 200

City WASHINGTON State DC Zip Code 20004-3610

FEC ID number of contributing federal political committee. **C** C00274431

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
 10 / 21 / 2022

Transaction ID : SA11C.148954

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	7100.00
TOTAL This Period (last page this line number only).....▶	51600.00

**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 12 OF 25
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
OORAH! POLITICAL ACTION COMMITTEE

A. YOUNG VICTORY COMMITTEE II

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 3743

City CARMEL	State IN	Zip Code 46082-3743
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FEC ID number of contributing federal political committee. **C** C00696484

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
98001.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2022

Transaction ID : SA12.149250

Amount of Each Receipt this Period
17225.68

Memo Item
TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

B. CHEN, STANLEY, , MR.,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 620 1ST AVENUE NORTHWEST

City CARMEL	State IN	Zip Code 46032-1330
----------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
TELAMON CORP CEO

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
10		31		2022

Transaction ID : SA.149560.15.2207

Amount of Each Receipt this Period
1000.00

Memo Item
TRANSFER

TRANSFER FROM YOUNG VICTORY COMMITTEE 2

C. FEHSENFELD, JIM, C., ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 8001 SPRING MILL ROAD

City INDIANAPOLIS	State IN	Zip Code 46260-2901
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA.146688.15.2206

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER

TRANSFER FROM YOUNG VICTORY COMMITTEE 2

SUBTOTAL of Receipts This Page (optional).....	17225.68
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 25
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
OORAH! POLITICAL ACTION COMMITTEE

A. FURRER, BRIAN, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 332 W. 100 N.

City REYNOLDS	State IN	Zip Code 47980-8051
------------------	-------------	------------------------

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

Name of Employer (for Individual) BIOTOWN AG	Occupation (for Individual) CEO/PRESIDENT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2022

Transaction ID : SA.148418.15.2206

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER
TRANSFER FROM YOUNG VICTORY COMMITTEE 2

B. HAMMOND, JOHN, R., MR., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 612 EAST 13TH STREET

City INDIANAPOLIS	State IN	Zip Code 46202-2732
----------------------	-------------	------------------------

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

Name of Employer (for Individual) TAFT STETTINIUS HOLLISTER LLP	Occupation (for Individual) PARTNER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2022

Transaction ID : SA.144035.15.2206

Amount of Each Receipt this Period
200.00

Memo Item
TRANSFER
TRANSFER FROM YOUNG VICTORY COMMITTEE 2

C. REILLY, THOMAS, E., , JR.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8877 PICKWICK DRIVE

City INDIANAPOLIS	State IN	Zip Code 46260-1709
----------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2022

Transaction ID : SA.152403.15.2207

Amount of Each Receipt this Period
400.00

Memo Item
TRANSFER
TRANSFER FROM YOUNG VICTORY COMMITTEE 2

SUBTOTAL of Receipts This Page (optional).....	0.00
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 25
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
OORAH! POLITICAL ACTION COMMITTEE

A. RICKER, JAY, B., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6320 WEST FOSTER BRANCH DRIVE

City PENDLETON	State IN	Zip Code 46064-8827
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : SA.148760.15.2206

Amount of Each Receipt this Period

Memo Item
TRANSFER
TRANSFER FROM YOUNG VICTORY COMMITTEE 2

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

Mailing Address 1196 N. COUNTY ROAD 250 E.

City BROWNSTOWN	State IN	Zip Code 47220-8550
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) ROSE ACRE	Occupation (for Individual) FARMER
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : SA.148761.15.2206

Amount of Each Receipt this Period

Memo Item
TRANSFER
TRANSFER FROM YOUNG VICTORY COMMITTEE 2

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

Mailing Address 5809 LEESBURG RD

City FORT WAYNE	State IN	Zip Code 46818-9117
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) SWEETWATER	Occupation (for Individual) SELF-EMPLOYED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : SA.148916.15.2207

Amount of Each Receipt this Period

Memo Item
TRANSFER
TRANSFER FROM YOUNG VICTORY COMMITTEE 2

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

**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 25
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
OORAH! POLITICAL ACTION COMMITTEE

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZAFFIRINI, CARLOS, , ,

Mailing Address **401 WEST 15TH STREET**

City AUSTIN	State TX	Zip Code 78701-1624
-----------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) AHCV	Occupation (for Individual) PRESIDENT & CEO
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 24 / 2022

Transaction ID : SA.149452.15.2207

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER

TRANSFER FROM YOUNG VICTORY COMMITTEE 2

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
YOUNG VICTORY COMMITTEE II

Mailing Address **PO BOX 3743**

City CARMEL	State IN	Zip Code 46082-3743
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C** **C00696484**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
98001.31

Date of Receipt
11 / 19 / 2022

Transaction ID : SA12.152560

Amount of Each Receipt this Period
5070.51

Memo Item
TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5070.51
TOTAL This Period (last page this line number only).....	22296.19

**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)
OORAH! POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. CONNELL, JOHN, , ,		Date of Disbursement MM / DD / YYYY 10 / 20 / 2022	
Mailing Address P.O. BOX 3743		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2029 Amount of Each Disbursement this Period [REDACTED] 148.59	
City CARMEL	State IN	Zip Code 46082	Category/ Type [REDACTED]
Purpose of Disbursement REIMBURSEMENT - SEE MEMOS		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. CONNELL, JOHN, , ,		Date of Disbursement MM / DD / YYYY 10 / 26 / 2022	
Mailing Address P.O. BOX 3743		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I20613 Amount of Each Disbursement this Period [REDACTED] 2466.00	
City CARMEL	State IN	Zip Code 46082	Category/ Type [REDACTED]
Purpose of Disbursement COMMUNICATIONS CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. CONNELL, JOHN, , ,		Date of Disbursement MM / DD / YYYY 11 / 25 / 2022	
Mailing Address P.O. BOX 3743		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2065 Amount of Each Disbursement this Period [REDACTED] 2466.00	
City CARMEL	State IN	Zip Code 46082	Category/ Type [REDACTED]
Purpose of Disbursement COMMUNICATIONS CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 5080.59
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)
OORAH! POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ALE EMPORIUM

Mailing Address 997 E COUNTY LINE RD B

City GREENWOOD State IN Zip Code 46143

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 Y Y
11 / 08 / 2022

FEC Identification Number

C
Transaction ID : SB21B.I2062f
Amount of Each Disbursement this Period
369.50

Memo Item

Full Name (Last, First, Middle Initial)

B. AVIATION TRANSPORTATION

Mailing Address 93716 ORCA LANE

City NORTH BEND State OR Zip Code 97459

Purpose of Disbursement
TRAVEL

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 Y Y
11 / 01 / 2022

FEC Identification Number

C
Transaction ID : SB21B.I2061f
Amount of Each Disbursement this Period
360.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BROGHAMER CONSULTING LLC

Mailing Address 502 MONROE ST

City NEWPORT State KY Zip Code 41071-2006

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 Y Y
10 / 20 / 2022

FEC Identification Number

C
Transaction ID : SB21B.I2029
Amount of Each Disbursement this Period
2544.30

Memo Item

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

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

3273.80

**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)
OORAH! POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. BROGHAMER CONSULTING LLC		Date of Disbursement MM / DD / YYYY 11 / 03 / 2022	
Mailing Address 502 MONROE ST		FEC Identification Number C [] Transaction ID : SB21B.I2061 Amount of Each Disbursement this Period [] 2502.34	
City NEWPORT	State KY	Zip Code 41071-2006	Category/ Type []
Purpose of Disbursement COMPLIANCE CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. EC CONSULTING, LLC		Date of Disbursement MM / DD / YYYY 10 / 20 / 2022	
Mailing Address PO BOX 40323		FEC Identification Number C [] Transaction ID : SB21B.I2029 Amount of Each Disbursement this Period [] 1316.62	
City WASHINGTON	State DC	Zip Code 20016-2705	Category/ Type []
Purpose of Disbursement FINANCE CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. EC CONSULTING, LLC		Date of Disbursement MM / DD / YYYY 10 / 20 / 2022	
Mailing Address PO BOX 40323		FEC Identification Number C [] Transaction ID : SB21B.I2029 Amount of Each Disbursement this Period [] 16100.00	
City WASHINGTON	State DC	Zip Code 20016-2705	Category/ Type []
Purpose of Disbursement FINANCE CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 19918.96
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)
OORAH! POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. GOOGLE

Mailing Address 1600 AMPHITHEATRE PARKWAY

City MOUNTAIN VIEW State CA Zip Code 94043-1351

Purpose of Disbursement SOFTWARE

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2022

FEC Identification Number

C
Transaction ID : SB21B.I2061!
 Amount of Each Disbursement this Period
 30.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HAMPTON INN

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2022

FEC Identification Number

C
Transaction ID : SB21B.I2062!
 Amount of Each Disbursement this Period
 150.72

Memo Item

Full Name (Last, First, Middle Initial)

C. HAMPTON INN

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2022

FEC Identification Number

C
Transaction ID : SB21B.I2062!
 Amount of Each Disbursement this Period
 140.19

Memo Item

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

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

320.91

**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)
OORAH! POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. HOLLYHOCK HILL		Date of Disbursement M M / D D / Y Y Y Y Y 11 / 07 / 2022	
Mailing Address 8110 N COLLEGE AVE			
City INDIANAPOLIS	State IN	Zip Code 46240	
Purpose of Disbursement FOOD/BEVERAGE		Category/Type <input type="checkbox"/>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
		FEC Identification Number C Transaction ID : SB21B.I2062! Amount of Each Disbursement this Period 1321.50	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. LIMESTONE STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y Y 11 / 03 / 2022	
Mailing Address 5750 CASTLE CREEK PKWY N DR, SUITE SUITE 367			
City INDIANAPOLIS	State IN	Zip Code 46250	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/Type <input type="checkbox"/>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
		FEC Identification Number C Transaction ID : SB21B.I2061f Amount of Each Disbursement this Period 5000.00	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. LYFT		Date of Disbursement M M / D D / Y Y Y Y Y 11 / 02 / 2022	
Mailing Address 185 BERRY ST			
City SAN FRANCISCO	State CA	Zip Code 94107	
Purpose of Disbursement TRAVEL		Category/Type <input type="checkbox"/>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
		FEC Identification Number C Transaction ID : SB21B.I2062 Amount of Each Disbursement this Period 71.42	
		<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	6392.92
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)
OORAH! POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MERIDIAN RESTAURANT & BAR

Mailing Address 5694 N MERIDIAN STREET

City INDIANAPOLIS State IN Zip Code 46208-1503

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2022

FEC Identification Number

C
Transaction ID : SB21B.I2062
Amount of Each Disbursement this Period
1384.28

Memo Item

Full Name (Last, First, Middle Initial)

B. RITZ-CARLTON HOTEL LLC

Mailing Address 10400 FERNWOOD ROAD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement
TRAVEL

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2022

FEC Identification Number

C
Transaction ID : SB21B.I2061C
Amount of Each Disbursement this Period
255.38

Memo Item

Full Name (Last, First, Middle Initial)

C. SOCKO STRATEGIES, LLC

Mailing Address 4323 CATHEDRAL AVE NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2022

FEC Identification Number

C
Transaction ID : SB21B.I2029
Amount of Each Disbursement this Period
3500.00

Memo Item

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

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

5139.66

**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)
OORAH! POLITICAL ACTION COMMITTEE

A. THE ANTELOPE CLUB

Full Name (Last, First, Middle Initial)

Mailing Address 615 N DELAWARE ST

City INDIANAPOLIS State IN Zip Code 46244

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 14 / 2022

FEC Identification Number: C

Transaction ID : SB21B.I2063

Amount of Each Disbursement this Period: 478.66

Memo Item

B. THE MONOCLE

Full Name (Last, First, Middle Initial)

Mailing Address 107 D ST NE

City WASHINGTON State DC Zip Code 20002-5657

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 03 / 2022

FEC Identification Number: C

Transaction ID : SB21B.I20622

Amount of Each Disbursement this Period: 300.00

Memo Item

C. THREE POINT ADVISORS, LLC

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 441446

City INDIANAPOLIS State IN Zip Code 46244

Purpose of Disbursement FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 20 / 2022

FEC Identification Number: C

Transaction ID : SB21B.I2029

Amount of Each Disbursement this Period: 750.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1528.66

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)
OORAH! POLITICAL ACTION COMMITTEE

A. UNITED AIRLINES, INC.

Full Name (Last, First, Middle Initial)

Mailing Address 8909 PURDUE ROAD, SUITE 400

City INDIANAPOLIS State IN Zip Code 46268-3149

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

FEC Identification Number: C

Transaction ID : SB21B.I2060

Amount of Each Disbursement this Period: - 403.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	- 403.00
TOTAL This Period (last page this line number only).....▶	41252.50

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

Use separate schedule(s)
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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)
OORAH! POLITICAL ACTION COMMITTEE

A. ELECTING REPUBLICANS INDIANA PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 441446

M M M	/	D D D	/	Y Y Y Y Y
10		26		2022

City INDIANAPOLIS State IN Zip Code 46244

FEC Identification Number

Purpose of Disbursement
POLITICAL CONTRIBUTION

C	C00816389
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Candidate Name

Transaction ID : SB23.I20601

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

5000.00

Memo Item

B. REPUBLICANS UNITED TO DEFEND YOU PAC (RUDY PAC)

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 26141

M M M	/	D D D	/	Y Y Y Y Y
10		26		2022

City ALEXANDRIA State VA Zip Code 22313

FEC Identification Number

Purpose of Disbursement
POLITICAL CONTRIBUTION

C	C00823351
---	-----------

Candidate Name

Transaction ID : SB23.I20600

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

5000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y
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City State Zip Code

FEC Identification Number

Purpose of Disbursement

C	
---	--

Candidate Name

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

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Memo Item

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

10000.00

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

10000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
OORAH! POLITICAL ACTION COMMITTEE

A. CYNDI FOR INDY

Full Name (Last, First, Middle Initial)

Mailing Address 101 W. OHIO STREET
SUITE 2200

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement POLITICAL CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: District: GENERAL

Date of Disbursement: 10 / 25 / 2022

FEC Identification Number: C

Transaction ID : SB29.I20597

Amount of Each Disbursement this Period: 2500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

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