

**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

Together Everyone Realizes Real Impact PAC

ADDRESS (number and street)

499 S Capitol Street SW

Suite 422

Check if different
than previously
reported. (ACC)

Washington

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00525030

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

(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

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.

Angerholzer, Lindsay, F., ,

Type or Print Name of Treasurer

Signature of Treasurer

Angerholzer, Lindsay, F., ,

[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

Together Everyone Realizes Real Impact PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2020 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2020		64740.25
(b) Cash on Hand at Beginning of Reporting Period.....	64740.25	
(c) Total Receipts (from Line 19)	28000.00	28000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	92740.25	92740.25
7. Total Disbursements (from Line 31).....	42429.62	42429.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	50310.63	50310.63
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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Together Everyone Realizes Real Impact PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	2	0

To:

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

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).....	5000.00	5000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5000.00	5000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	23000.00	23000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	28000.00	28000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	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))	28000.00	28000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28000.00	28000.00

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	32429.62	32429.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	32429.62	32429.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
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).....	5000.00	5000.00
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)) ..	42429.62	42429.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42429.62	42429.62

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)	28000.00	28000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28000.00	28000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	32429.62	32429.62
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	32429.62	32429.62

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 17

☒ 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)

Together Everyone Realizes Real Impact PAC

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

A. Poarch Band Of Creek Indians

Mailing Address 5811 Jack Springs Rd

City
Atmore

State
AL

Zip Code
36502-5025

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 ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2020

Transaction ID : VVBMYR11K27

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

5000.00

5000.00

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)

Together Everyone Realizes Real Impact PAC

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

A. EMPLOYEE--OWNED S CORPORATIONS OF AMERICA PAC (ESCA PAC)

Mailing Address 1341 G St NW
Ste 600

City
Washington

State
DC

Zip Code
20005-3135

FEC ID number of contributing
federal political committee.

C

C00458257

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 11 / 2020

Transaction ID : VVBMYR11K19

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

B. FMR LLC POLITICAL ACTION COMMITTEE - FEDERAL (FIDE

Mailing Address 82 Devonshire St
N5A

City
Boston

State
MA

Zip Code
02109-3605

FEC ID number of contributing
federal political committee.

C

C00380550

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 11 / 2020

Transaction ID : VVBMYR11JZ4

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

C. WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLI

Mailing Address 805 15Th St NW
Ste 430

City
Washington

State
DC

Zip Code
20005-2273

FEC ID number of contributing
federal political committee.

C

C00147173

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 11 / 2020

Transaction ID : VVBMYR11K02

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

7500.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 17
(check only one)

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

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NAME OF COMMITTEE (In Full)

Together Everyone Realizes Real Impact PAC

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

A. ALABAMA POWER CO EMPLOYEES FEDERAL POLITICAL ACTIO

Mailing Address 600 18Th St N
PO Box 2641

City
Birmingham

State
AL

Zip Code
35203-2200

FEC ID number of contributing
federal political committee.

C C00077305

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 / D D / Y Y Y Y Y
03 / 18 / 2020

Transaction ID : VVBMYR7KRN4

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

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

Mailing Address 317 Massachusetts Ave NE
FI 1

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 ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2020

Transaction ID : VVBMYR7KRP2

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

C. REGIONS FINANCIAL CORPORATION POLITICAL ACTION COM

Mailing Address P.O. Box 11007

City
Birmingham

State
AL

Zip Code
35388

FEC ID number of contributing
federal political committee.

C C00432252

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2020

Transaction ID : VVBMYR7KRR8

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

10500.00

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 17
(check only one)

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

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NAME OF COMMITTEE (In Full)

Together Everyone Realizes Real Impact PAC

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

A. ABBVIE POLITICAL ACTION COMMITTEE

Mailing Address 1 N Waukegan Rd

City

North Chicago

State

IL

Zip Code

60064-1802

FEC ID number of contributing
federal political committee.

C

C00536573

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2020

Transaction ID : VVBMYR6VPH7

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

B. DAVITA INC POLITICAL ACTION COMMITTEE ('DAVITA')

Mailing Address 601 Hawaii St

City

El Segundo

State

CA

Zip Code

90245-4814

FEC ID number of contributing
federal political committee.

C

C00340943

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2020

Transaction ID : VVBMYR6VPJ5

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

5000.00

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

23000.00

**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 10 OF 17

<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)

Together Everyone Realizes Real Impact PAC

Full Name (Last, First, Middle Initial)

A. Angerholzer Broz ConsultingMailing Address 499 S Capitol St SW
Ste 422City
WashingtonState
DCZip Code
20003-4028Purpose of Disbursement
Consulting Fees and Reimbursed Expenses

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : VVANPAPHA**

Amount of Each Disbursement this Period

13043.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address 2500 Victory Ave

City
DallasState
TXZip Code
75219-7601Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : VVANPAPHA**

Amount of Each Disbursement this Period

1327.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Angerholzer Broz ConsultingMailing Address 499 S Capitol St SW
Ste 422City
WashingtonState
DCZip Code
20003-4028Purpose of Disbursement
Fundraising Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : VVANPAPHA**

Amount of Each Disbursement this Period

375.00

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

13043.38

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

PAGE 11 OF 17

<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)

Together Everyone Realizes Real Impact PAC

Full Name (Last, First, Middle Initial)

A. Cafe Thirty A

Mailing Address 3899 E Co Hwy 30A

City
Santa Rosa BeachState
FLZip Code
32459Purpose of Disbursement
Fundraiser Catering Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C **Transaction ID : VVANPAPHA**

Amount of Each Disbursement this Period

 142.00☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Cafe Thirty A

Mailing Address 3899 E Co Hwy 30A

City
Santa Rosa BeachState
FLZip Code
32459Purpose of Disbursement
Fundraiser Catering Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C **Transaction ID : VVANPAPHA**

Amount of Each Disbursement this Period

 4068.79☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Enterprise Rent-A-Car

Mailing Address 2430 Airport Blvd

City
PensacolaState
FLZip Code
32504-8975Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C **Transaction ID : VVANPAPHA**

Amount of Each Disbursement this Period

 1691.49☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 0.00

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)

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Together Everyone Realizes Real Impact PAC

Full Name (Last, First, Middle Initial)

A. Flight Wine Bar

Mailing Address 777 6Th St NW

City
Washington

State
DC

Zip Code
20001-3723

Purpose of Disbursement
Fundraiser Catering Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2020

FEC Identification Number

C Transaction ID : VVANPAPHA
Amount of Each Disbursement this Period

873.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Gurney Inn Resort

Mailing Address 290 Old Montauk Hwy

City
Montauk

State
NY

Zip Code
11954-5048

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2020

FEC Identification Number

C Transaction ID : VVANPAPHA
Amount of Each Disbursement this Period

3853.39

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Southern Comfort

Mailing Address 3850 N Causeway Blvd
Ste 1695

City
Metairie

State
LA

Zip Code
70002-8177

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2020

FEC Identification Number

C Transaction ID : VVANPAPHA
Amount of Each Disbursement this Period

366.40

☒ Memo Item

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

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

0.00

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

PAGE 13 OF 17

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Together Everyone Realizes Real Impact PAC

Full Name (Last, First, Middle Initial)

A. Watercolor Inn

Mailing Address 34 Golden Rod Cir

City
Santa Rosa BeachState
FLZip Code
32459-5979Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		0	8		2	0	2	0		

FEC Identification Number

C **Transaction ID : VVANPAPHA**

Amount of Each Disbursement this Period

 39.17☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Angerholzer Broz ConsultingMailing Address 499 S Capitol St SW
Ste 422City
WashingtonState
DCZip Code
20003-4028Purpose of Disbursement
Consulting Fees and Reimbursed Expenses

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	2		2	6		2	0	2	0		

FEC Identification Number

C **Transaction ID : VVANPAPHB**

Amount of Each Disbursement this Period

 14672.69☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Angerholzer Broz ConsultingMailing Address 499 S Capitol St SW
Ste 422City
WashingtonState
DCZip Code
20003-4028Purpose of Disbursement
Compliance Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	2		2	6		2	0	2	0		

FEC Identification Number

C **Transaction ID : VVANPAPHE**

Amount of Each Disbursement this Period

 500.00☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 14672.69

**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 14 OF 17

<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)

Together Everyone Realizes Real Impact PAC

Full Name (Last, First, Middle Initial)

A. Gurney Inn Resort

Mailing Address 290 Old Montauk Hwy

City
MontaukState
NYZip Code
11954-5048Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	6			2	0	2	0		

FEC Identification Number

C**Transaction ID : VVANPAPHB**

Amount of Each Disbursement this Period

3853.39

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Watercolor Inn

Mailing Address 34 Golden Rod Cir

City
Santa Rosa BeachState
FLZip Code
32459-5979Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	6			2	0	2	0		

FEC Identification Number

C**Transaction ID : VVANPAPHB**

Amount of Each Disbursement this Period

10298.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Angerholzer Broz ConsultingMailing Address 499 S Capitol St SW
Ste 422City
WashingtonState
DCZip Code
20003-4028Purpose of Disbursement
Consulting Fees and Reimbursed Expenses

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : VVANPAPN0**

Amount of Each Disbursement this Period

4373.60

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

4373.60

**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 15 OF 17

<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)

Together Everyone Realizes Real Impact PAC

Full Name (Last, First, Middle Initial)

A. Angerholzer Broz Consulting

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		20		2020

Mailing Address 499 S Capitol St SW
Ste 422City
WashingtonState
DCZip Code
20003-4028Purpose of Disbursement
Fundraising Fee

Candidate Name

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

State: District:

FEC Identification Number

C

Transaction ID : VVANPAPN0
Amount of Each Disbursement this Period

4350.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Angerholzer Broz Consulting

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		20		2020

Mailing Address 499 S Capitol St SW
Ste 422City
WashingtonState
DCZip Code
20003-4028Purpose of Disbursement
Consulting Fees and Reimbursed Expenses

Candidate Name

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

State: District:

FEC Identification Number

C

Transaction ID : VVANPAPN0
Amount of Each Disbursement this Period

39.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NGP VAN, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2020

Mailing Address 1225 I St NW
Ste 1225City
WashingtonState
DCZip Code
20005-5918Purpose of Disbursement
Software

Candidate Name

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

State: District:

FEC Identification Number

C

Transaction ID : VVANPAPN0
Amount of Each Disbursement this Period

300.00

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

339.95

32429.62

**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 16 OF 17

<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)

Together Everyone Realizes Real Impact PAC

Full Name (Last, First, Middle Initial)

A. JAIME HARRISON FOR US SENATE

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	1			2	0	2	0		

Mailing Address PO Box 1767

City
ColumbiaState
SCZip Code
29202-1767Purpose of Disbursement
Political Contribution

Candidate Name

HARRISON, JAIME, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 00

Category/
Type

FEC Identification Number

C C00696153**Transaction ID : VVANPAPHB**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MONIKA FOR CONGRESS

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	2			2	0	2	0		

Mailing Address PO Box 99092

City
RaleighState
NCZip Code
27624-9092Purpose of Disbursement
Political Contribution

Candidate Name

JOHNSON-HOSTLER, MONIKA, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 02

Category/
Type

FEC Identification Number

C C00714972**Transaction ID : VVANPAPHB**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MONIKA FOR CONGRESS

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	0			2	0	2	0		

Mailing Address PO Box 99092

City
RaleighState
NCZip Code
27624-9092Purpose of Disbursement
Political Contribution

Candidate Name

JOHNSON-HOSTLER, MONIKA, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 02

Category/
Type

FEC Identification Number

C C00714972**Transaction ID : VVANPAPHE**

Amount of Each Disbursement this Period

1500.00

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

5000.00

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

5000.00

**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 17 OF 17

<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)

Together Everyone Realizes Real Impact PAC

Full Name (Last, First, Middle Initial)

A. DOUG JONES FOR US SENATE

Mailing Address PO Box 59285

City
BirminghamState
ALZip Code
35259-9285Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2020

FEC Identification Number

C**Transaction ID : VVANPAPHB**

Amount of Each Disbursement this Period

5000.00

☐ 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

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y 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

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

5000.00

5000.00