

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

SCOTT FITZGERALD FOR CONGRESS

ADDRESS (number and street)

PO BOX 484

Check if different  
than previously  
reported. (ACC)

OCONOMOWOC

WI

53066-0484

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00720011

3. IS THIS  
REPORT☐ NEW  
(N)

OR

☒ AMENDED  
(A)

STATE ▼ DISTRICT

WI

05

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)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y  
11 / 05 / 2024in the  
State of

WI

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
10 / 01 / 2024

through

M M / D D / Y Y Y Y  
10 / 16 / 2024*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 FITZGERALD, SCOTT, , ,

Signature of Treasurer

FITZGERALD, SCOTT, , ,

Date

M M / D D / Y Y Y Y  
02 / 17 / 2025

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 3**  
(Revised 05/2016)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**SCOTT FITZGERALD FOR CONGRESS**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
10 01 2024

To:

M M / D D / Y Y Y Y  
10 16 2024

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)) ....                                             | 34087.24                | 1214588.92                         |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 0.00                    | 4500.00                            |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 34087.24                | 1210088.92                         |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 18414.49                | 712171.29                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14) .....                                              | 0.00                    | 15148.49                           |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 18414.49                | 697022.80                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27) .....                                             | 852022.56               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                    |

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

SCOTT FITZGERALD FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY  
10 / 01 / 2024

To:

MM / DD / YYYY  
10 / 16 / 2024**I. RECEIPTS****COLUMN A**  
Total This Period**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A).....

7629.14

404346.72

(ii) Unitemized .....

1958.10

93042.20

(iii) TOTAL of contributions  
from individuals ▶

9587.24

497388.92

(b) Political Party Committees.....

0.00

500.00

(c) Other Political Committees  
(such as PACs) .....

24500.00

716700.00

(d) The Candidate .....

0.00

0.00

(e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..

34087.24

1214588.92

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....

0.00

0.00

## 13. LOANS:

(a) Made or Guaranteed by the  
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.) .....

0.00

15148.49

15. OTHER RECEIPTS  
(Dividends, Interest, etc.) .....

0.00

0.00

16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ▶

34087.24

1229737.41

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 18414.49                      | 712171.29                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 90000.00                           |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 5500.00                            |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | - 1000.00                          |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 4500.00                            |
| 21. OTHER DISBURSEMENTS .....                                                | 0.00                          | 5000.00                            |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 18414.49                      | 811671.29                          |

## **III. CASH SUMMARY**

|                                                                                       |           |
|---------------------------------------------------------------------------------------|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 836349.81 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 34087.24  |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 870437.05 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 18414.49  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 852022.56 |

## FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F3A  
Transaction ID :

Form/Schedule:  
Transaction ID:

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

PAGE 6 OF 26

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**SCOTT FITZGERALD FOR CONGRESS**

Full Name (Last, First, Middle Initial)

LAMB, GARY, O., ,

**A.** Mailing Address 3275 NASSAU DRIVE

City

BROOKFIELD

State

WI

Zip Code

53045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 16 2024

Transaction ID : AC522164CF68F43AE8BD

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

LUTZ-CAPUTA, SHAREN, C., ,

**B.** Mailing Address 5341 W ALLERTON AVENUE

City

GREENFIELD

State

WI

Zip Code

53220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

265.47

Date of Receipt

M M / D D / Y Y Y Y Y  
10 10 2024

Transaction ID : A054623B5EBC84E7DA0F

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MILLER, DANIEL, J., ,

**C.** Mailing Address 931 E AUER AVENUE

City

MILWAUKEE

State

WI

Zip Code

53212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PROLIFE WISCONSIN

Occupation

PUBLIC AFFAIRS

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 16 2024

Transaction ID : A7B6F8B3066534BF1A04

Amount of Each Receipt this Period

100.00

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

235.00

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

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

PAGE 7 OF 26

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**SCOTT FITZGERALD FOR CONGRESS**

Full Name (Last, First, Middle Initial)

ALSTON, GARTH, , ,

**A.**Mailing Address 201 SOUTH 11TH STREET  
400

City

MINNEAPOLIS

State

MN

Zip Code

55403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ALTRIA CLIENT SERVICES

Occupation

GOVERNMENT AFFAIRS

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

312.81

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 10  |   | 13  |   | 2024        |

Transaction ID : A9CDF293829AD4CE99C3

Amount of Each Receipt this Period

312.81

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

HENZE, KENNETH, C, ,

**B.**

Mailing Address N941COTTONWOOD CT.

City

WATERTOWN

State

WI

Zip Code

53098

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

733.11

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 10  |   | 10  |   | 2024        |

Transaction ID : A16179B2526ED4906B84

Amount of Each Receipt this Period

104.48

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

NELSON, ANDREA, , ,

**C.**

Mailing Address 19505 WARWICK DRIVE

City

BROOKFIELD

State

WI

Zip Code

53045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNISOURCE INSURANCE

Occupation

OWNER

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 10  |   | 10  |   | 2024        |

Transaction ID : AE33FA892ED544FD78CA

Amount of Each Receipt this Period

500.00

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

917.29

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

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

PAGE 8 OF 26

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**SCOTT FITZGERALD FOR CONGRESS**

Full Name (Last, First, Middle Initial)

MERINO, RODRIGO, , ,

**A.**

Mailing Address N1691 S. WASHINGTON RD

City

CHILTON

State

WI

Zip Code

53014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

565.00

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 01 |   |   | 2024 |   |   |   |

Transaction ID : AABF9F9E47F264FFBB89

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

WEBER, JUDITH, ANN, ,

**B.**

Mailing Address 1026 KINGS ROAD

City

HARTFORD

State

WI

Zip Code

53027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

290.00

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 16 |   |   | 2024 |   |   |   |

Transaction ID : A7E2508258A4D4CBA92E

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MICHAELIS, MARLA, E., ,

**C.**

Mailing Address N4916 COUNTY ROAD N

City

JEFFERSON

State

WI

Zip Code

53549

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCHNEIDER-MICHAELIS FUNERAL HOME

Occupation

FUNERAL DIRECTOR

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

1050.00

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 16 |   |   | 2024 |   |   |   |

Transaction ID : A2EC631C25A8340FA946

Amount of Each Receipt this Period

500.00

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

540.00

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

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

PAGE 9 OF 26

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**SCOTT FITZGERALD FOR CONGRESS**

Full Name (Last, First, Middle Initial)

REITZNER, BRADLEY, , ,

**A.**

Mailing Address 2167 SPRINGDALE CENTER RD

City

VERONA

State

WI

Zip Code

53593

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M3

Occupation

DIRECTOR

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 10  |   | 16  |   | 2024        |

Transaction ID : A760E0DEF836B4015AFA

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

COOLE, ADAM, , ,

**B.**

Mailing Address W7925 PRAIRIE MEADOWS STREET

City

HOLMEN

State

WI

Zip Code

54636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE INSURANCE CENTER

Occupation

SENIOR VICE PRESIDENT

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 10  |   | 14  |   | 2024        |

Transaction ID : A081305C7F3594E3EA90

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARESH, DOUGLAS, D., ,

**C.**

Mailing Address 527 TAMARACK DRIVE W

City

WEST BEND

State

WI

Zip Code

53095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

205.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 10  |   | 16  |   | 2024        |

Transaction ID : AECD0FC9F70594FF6BFE

Amount of Each Receipt this Period

35.00

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

1535.00

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

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

PAGE 10 OF 26

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**SCOTT FITZGERALD FOR CONGRESS**

Full Name (Last, First, Middle Initial)

JOHNSON, SUSAN, K., ,

**A.**

Mailing Address 8800 N DIX DRIVE

City

MILTON

State

WI

Zip Code

53563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GRACELAND FAMILY FARMS

Occupation

CEO

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

202.05

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 16 |   |   | 2024 |   |   |   |

Transaction ID : A1B42C57113F540A0A76

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

SMITH, BRENDA, , ,

**B.**Mailing Address 11445 E. VIA LINDA  
SUITE 2-411

City

SCOTTSDALE

State

AZ

Zip Code

85259

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXON

Occupation

CEO

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

2000.00

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 07 |   |   | 2024 |   |   |   |

Transaction ID : A1EF08C8CA24A4321AF9

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ALBERS, KAREN, M., ,

**C.**

Mailing Address 2122 N 107TH STREET

City

WAUWATOSA

State

WI

Zip Code

53226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

300.00

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 16 |   |   | 2024 |   |   |   |

Transaction ID : A501B09762D234EBF8EF

Amount of Each Receipt this Period

50.00

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

2150.00

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

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

PAGE 11 OF 26

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**SCOTT FITZGERALD FOR CONGRESS**

Full Name (Last, First, Middle Initial)

HENZE, KENNETH, C, ,

**A.**

Mailing Address N941COTTONWOOD CT.

City

WATERTOWN

State

WI

Zip Code

53098

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

628.63

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 3 |   | 2 | 0 | 2 | 4 |

Transaction ID : A1971AB690EFD49F9876

Amount of Each Receipt this Period

26.35

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

DENNING, EUNICE, A., ,

**B.**

Mailing Address 1014 SYCAMORE AVENUE

City

RACINE

State

WI

Zip Code

53406-4137

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

388.04

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 1 | 6 |   | 2 | 0 | 2 | 4 |

Transaction ID : AD7D6C640F36848899DE

Amount of Each Receipt this Period

21.40

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

TAYLOR, TY, , ,

**C.**

Mailing Address S40W28091 STATE ROAD 59

City

WAUKESHA

State

WI

Zip Code

53189

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WAUKESHA STATE BANK

Occupation

BANKER

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

1500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 1 | 4 |   | 2 | 0 | 2 | 4 |

Transaction ID : A70DB90621CCC4023932

Amount of Each Receipt this Period

500.00

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

547.75

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

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

PAGE 12 OF 26

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**SCOTT FITZGERALD FOR CONGRESS**

Full Name (Last, First, Middle Initial)

BURTON, THOMAS, C., ,

A.

Mailing Address N22W26448 SHOOTING STAR COURT

UNIT A

City

PEWAUKEE

State

WI

Zip Code

53072

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

RETIRED

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 16 2024

Transaction ID : A8A8570A65A1B4CEFB50

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

LEVIN, HERBERT, , ,

B.

Mailing Address 724 EAST GRINNELL DRIVE

City

BURBANK

State

CA

Zip Code

91501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 03 2024

Transaction ID : A0A20E9A814EF46519F2

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

LANG, JAMES, R, ,

C.

Mailing Address 2035 EVERGREEN LANE

City

HARTLAND

State

WI

Zip Code

53029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 06 2024

Transaction ID : A2322B84B3E6E48F2858

Amount of Each Receipt this Period

250.00

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

350.00

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

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

PAGE 13 OF 26

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**SCOTT FITZGERALD FOR CONGRESS**

|                                                                                                                                                 |             |                                                      |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>WINRED                                                                                     |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 / 06 / 2024 |  |
| Mailing Address 1776 WILSON BLVD<br>STE 350                                                                                                     |             |                                                      | Transaction ID : A443F994A935049169A1                      |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22209-2517                               | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C C00694323                                                                       |             | Name of Employer<br>Occupation                       |                                                            |  |
| Receipt For: 2024<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>145216.37                |                                                            |  |
| Full Name (Last, First, Middle Initial)<br>BUSLEE, DAVID, , ,                                                                                   |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 / 13 / 2024 |  |
| <b>B.</b> Mailing Address 1729 HILLCREST                                                                                                        |             |                                                      | Transaction ID : AC733D02AEF334443BEB                      |  |
| City<br>DELAFIELD                                                                                                                               | State<br>WI | Zip Code<br>53018                                    | Amount of Each Receipt this Period<br>104.10               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Name of Employer<br>Occupation<br>RETIRED<br>RETIRED |                                                            |  |
| Receipt For: 2024<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>604.10                   |                                                            |  |
| Full Name (Last, First, Middle Initial)<br>WINRED                                                                                               |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 / 13 / 2024 |  |
| <b>C.</b> Mailing Address 1776 WILSON BLVD<br>STE 350                                                                                           |             |                                                      | Transaction ID : A42241E65CE0149429F1                      |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22209-2517                               | Amount of Each Receipt this Period<br>104.10               |  |
| FEC ID number of contributing federal political committee.<br>C C00694323                                                                       |             | Name of Employer<br>Occupation                       |                                                            |  |
| Receipt For: 2024<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>145216.37                |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                      | 104.10                                                     |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                                      |                                                            |  |

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

PAGE 14 OF 26

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**SCOTT FITZGERALD FOR CONGRESS**

Full Name (Last, First, Middle Initial)

JOHNSON, TRAVIS, , ,

**A.**

Mailing Address 5640 19TH STREET NORTH

City

ARLINGTON

State

VA

Zip Code

22205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
1607 STRATEGIESOccupation  
GOVERNMENT AFFAIRS

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 06 2024

Transaction ID : A9D24D93F36B345E2A6D

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

WINRED

**B.**Mailing Address 1776 WILSON BLVD  
STE 350

City

ARLINGTON

State

VA

Zip Code

22209-2517

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

145216.37

Date of Receipt

M M / D D / Y Y Y Y Y  
10 06 2024

Transaction ID : A7AB173B18915472A9EF

Amount of Each Receipt this Period

1000.00

☒ Memo Item  
INTERMEDIARYTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

WOLDING, DON, , ,

**C.**

Mailing Address PO BOX 3

City

NELSONVILLE

State

WI

Zip Code

54458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
BUSINESS OWNER

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 06 2024

Transaction ID : AE974A79FEE1A4250B75

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

PAGE 15 OF 26

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**SCOTT FITZGERALD FOR CONGRESS**

|                                                                                                                                                 |             |                                                          |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>WINRED                                                                                     |             |                                                          | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 / 06 / 2024 |  |
| Mailing Address 1776 WILSON BLVD<br>STE 350                                                                                                     |             |                                                          | Transaction ID : A566F4EBA220E4756AA0                      |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22209-2517                                   | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C C00694323                                                                       |             | Name of Employer<br>Occupation                           |                                                            |  |
| Receipt For: 2024<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>145216.37                    |                                                            |  |
| Full Name (Last, First, Middle Initial)                                                                                                         |             |                                                          | Date of Receipt<br>M M / D D / Y Y Y Y Y                   |  |
| <b>B.</b> Mailing Address                                                                                                                       |             |                                                          | Amount of Each Receipt this Period                         |  |
| City                                                                                                                                            | State       | Zip Code                                                 | Memo Item                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | INTERMEDIARY                                             |                                                            |  |
| Name of Employer<br>Occupation                                                                                                                  |             | TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. |                                                            |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 |             | Election Cycle-to-Date ▼                                 |                                                            |  |
| Full Name (Last, First, Middle Initial)                                                                                                         |             |                                                          | Date of Receipt<br>M M / D D / Y Y Y Y Y                   |  |
| <b>C.</b> Mailing Address                                                                                                                       |             |                                                          | Amount of Each Receipt this Period                         |  |
| City                                                                                                                                            | State       | Zip Code                                                 | Memo Item                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             |                                                          |                                                            |  |
| Name of Employer<br>Occupation                                                                                                                  |             |                                                          |                                                            |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 |             | Election Cycle-to-Date ▼                                 |                                                            |  |
| Full Name (Last, First, Middle Initial)                                                                                                         |             |                                                          | Date of Receipt<br>M M / D D / Y Y Y Y Y                   |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                          | 0.00                                                       |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                                          | 7629.14                                                    |  |

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

PAGE 16 OF 26

|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**SCOTT FITZGERALD FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**PHARMACEUTICAL RESEARCH MANUFACTURERS OF AMERICA****A.**Mailing Address 950 F ST NW  
STE 300City  
WASHINGTONState  
DCZip Code  
20004-1440FEC ID number of contributing  
federal political committee.**C** C00021972

Name of Employer

Occupation

Receipt For: 2024

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 10 |   |   | 2024 |   |   |   |

Transaction ID : A6204A5AEAE2A4874819

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**PREMIUM CIGAR ASSOCIATION PAC****B.**

Mailing Address 610 S BOULEVARD

City  
TAMPAState  
FLZip Code  
33606FEC ID number of contributing  
federal political committee.**C** C00188177

Name of Employer

Occupation

Receipt For: 2024

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 10 |   |   | 2024 |   |   |   |

Transaction ID : A67D16F13772F46CF9B0

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**HUCKPAC****C.**

Mailing Address PO BOX 25204

City  
LITTLE ROCKState  
ARZip Code  
72221FEC ID number of contributing  
federal political committee.**C** C00448373

Name of Employer

Occupation

Receipt For: 2024

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 10 |   |   | 2024 |   |   |   |

Transaction ID : A07E2A7DAB8F74663994

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►

7000.00

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

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

PAGE 17 OF 26

|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**SCOTT FITZGERALD FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**THE TRAVELERS COMPANIES, INC. PAC****A.** Mailing Address ONE TOWER SQUARE

City

HARTFORD

State

CT

Zip Code

06183

FEC ID number of contributing  
federal political committee.**C** C00376376

Name of Employer

Occupation

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

3000.00

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 10 |   |   | 2024 |   |   |   |

Transaction ID : ABE4A36D5684C407E8EE

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**NASDAQ PAC****B.** Mailing Address 1100 NEW YORK AVENUE NW  
SUITE 311 EAST

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.**C** C00366013

Name of Employer

Occupation

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

2000.00

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 10 |   |   | 2024 |   |   |   |

Transaction ID : A9823A51EC36C47F29CC

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ALLEN FOR WISCONSIN****C.** Mailing Address 3731 STILLWATER COURT

City

WAUKESHA

State

WI

Zip Code

53189

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

Name of Employer

Occupation

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 16 |   |   | 2024 |   |   |   |

Transaction ID : AE80D98D5E3B244A2839

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION -FED FUNDS PERMISSIBLE**SUBTOTAL** of Receipts This Page (optional)..... ▶

4500.00

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

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

PAGE 18 OF 26

|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**SCOTT FITZGERALD FOR CONGRESS**

Full Name (Last, First, Middle Initial)

FORGE GLOBAL HOLDINGS PAC

**A.**

Mailing Address 415 MISSION STREET 55TH FLOOR

City

SAN FRANCISCO

State

CA

Zip Code

94105

FEC ID number of contributing  
federal political committee.**C** C00838193

Name of Employer

Occupation

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

2500.00

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 10 |   |   | 2024 |   |   |   |

Transaction ID : A36563878BD8F46209E5

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MANUFACTURED HOUSING INSTITUTE PAC

**B.**Mailing Address 1655 FORT MEYER DRIVE  
SUITE 200

City

ARLINGTON

State

VA

Zip Code

22209

FEC ID number of contributing  
federal political committee.**C** C00043463

Name of Employer

Occupation

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

5000.00

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 16 |   |   | 2024 |   |   |   |

Transaction ID : A9E3CD10984564AD1BE4

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

PREMIUM CIGAR ASSOCIATION PAC

**C.**

Mailing Address 610 S BOULEVARD

City

TAMPA

State

FL

Zip Code

33606

FEC ID number of contributing  
federal political committee.**C** C00188177

Name of Employer

Occupation

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

3500.00

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 16 |   |   | 2024 |   |   |   |

Transaction ID : AEBD119524BED4E95A3B

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 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 26

|                              |                              |                                         |                              |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| 12                           | 13a                          | 13b                                     | 14                           |
|                              |                              |                                         | 15                           |

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NAME OF COMMITTEE (In Full)

**SCOTT FITZGERALD FOR CONGRESS**

Full Name (Last, First, Middle Initial)

TRANSUNION PAC

**A.**

Mailing Address 555 W. ADAMS STREET

City

CHICAGO

State

IL

Zip Code

60661

FEC ID number of contributing  
federal political committee.**C** C00313700

Name of Employer

Occupation

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

5000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 16  |   | 2024    |

Transaction ID : AE1B59DE5C5C345C2A02

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMERICAN PRINCIPLES

**B.**Mailing Address 20533 BISCAYNE BLVD  
STE 250

City

AVENTURA

State

FL

Zip Code

33180-1529

FEC ID number of contributing  
federal political committee.**C** C00492579

Name of Employer

Occupation

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 06  |   | 2024    |

Transaction ID : A31E6388291094B05963

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

WINRED

**C.**Mailing Address 1776 WILSON BLVD  
STE 350

City

ARLINGTON

State

VA

Zip Code

22209-2517

FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

145216.37

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 06  |   | 2024    |

Transaction ID : A03C26ADD08BC47A785D

Amount of Each Receipt this Period

500.00

☒ Memo Item  
INTERMEDIARYTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶

3000.00

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

24500.00

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

PAGE 20 OF 26

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

SCOTT FITZGERALD FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. ANEDOT**Mailing Address 1340 POYDRAS STREET  
STE 1770City  
NEW ORLEANSState  
LAZip Code  
70112-5204Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

003

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                          |                   |                                             |
|--------------------------|-------------------|---------------------------------------------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> | Other (specify) ▼ |                                             |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 1 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

4.10

Transaction ID : B79F67D4EDCCF4423A7A

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**Mailing Address 1340 POYDRAS STREET  
STE 1770City  
NEW ORLEANSState  
LAZip Code  
70112-5204Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

003

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                          |                   |                                             |
|--------------------------|-------------------|---------------------------------------------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> | Other (specify) ▼ |                                             |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 2 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1.30

Transaction ID : BF66CF8B137714681904

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ISTREAM**

Mailing Address 13555 BISHOPS COURT

City  
BROOKFIELDState  
WIZip Code  
53005-6266Purpose of Disbursement  
CHECK PROCESSING FEE

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                          |                   |                                             |
|--------------------------|-------------------|---------------------------------------------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> | Other (specify) ▼ |                                             |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 3 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

98.23

Transaction ID : B3BBE6AC11E5C4700B43

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

103.63

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

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

PAGE 21 OF 26

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

SCOTT FITZGERALD FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. ANEDOT**Mailing Address 1340 POYDRAS STREET  
STE 1770City  
NEW ORLEANSState  
LAZip Code  
70112-5204Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

003

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                          |                   |                                             |
|--------------------------|-------------------|---------------------------------------------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> | Other (specify) ▼ |                                             |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 3 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

3.60

Transaction ID : BE7233C6EFA5C433282F

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ASPECT CONSULTING LLC**

Mailing Address PO BOX 620066

City  
MIDDLETONState  
WIZip Code  
53562-0066Purpose of Disbursement  
COMPLIANCE CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                          |                   |                                             |
|--------------------------|-------------------|---------------------------------------------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> | Other (specify) ▼ |                                             |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 3 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

4500.00

Transaction ID : BBBCF74638F2D441DBBF

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CROSSRHODES STRATEGIES**

Mailing Address PO BOX 1264

City  
MADISONState  
WIZip Code  
53701-1264Purpose of Disbursement  
FUNDRAISING CONSULTING

003

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                          |                   |                                             |
|--------------------------|-------------------|---------------------------------------------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> | Other (specify) ▼ |                                             |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 3 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

12000.00

Transaction ID : BFF254A747AD3458C957

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

16503.60

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

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

PAGE 22 OF 26

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

SCOTT FITZGERALD FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. WINRED**Mailing Address 1776 WILSON BLVD  
STE 350City  
ARLINGTONState  
VAZip Code  
22209-2517Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

001

Candidate Name  
WINREDCategory/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                          |                   |                                             |
|--------------------------|-------------------|---------------------------------------------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> | Other (specify) ▼ |                                             |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 6 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

79.97

Transaction ID : B7485A10DA6DE49FFA2C

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**Mailing Address 1340 POYDRAS STREET  
STE 1770City  
NEW ORLEANSState  
LAZip Code  
70112-5204Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

003

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                          |                   |                                             |
|--------------------------|-------------------|---------------------------------------------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> | Other (specify) ▼ |                                             |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 7 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

81.60

Transaction ID : B095C1CD079214D3D836

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED**Mailing Address 1776 WILSON BLVD  
STE 350City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

003

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                          |                   |                                             |
|--------------------------|-------------------|---------------------------------------------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> | Other (specify) ▼ |                                             |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 7 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

79.97

Transaction ID : B48C404BF3F5246F6BE6

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

241.54

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

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

PAGE 23 OF 26

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

SCOTT FITZGERALD FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. ANEDOT**Mailing Address 1340 POYDRAS STREET  
STE 1770City  
NEW ORLEANSState  
LAZip Code  
70112-5204Purpose of Disbursement  
1.11

003

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                          |                   |                                             |
|--------------------------|-------------------|---------------------------------------------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> | Other (specify) ▼ |                                             |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 8 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1.11

Transaction ID : B28CFEB17499048E0884

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. EAGLE PRINTING**

Mailing Address 2745 S CALHOUN RD

City  
NEW BERLINState  
WIZip Code  
53151-3513Purpose of Disbursement  
ENVELOPE PRINTING

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                          |                   |                                             |
|--------------------------|-------------------|---------------------------------------------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> | Other (specify) ▼ |                                             |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 9 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

499.80

Transaction ID : B4252DFF55C0143B5BC0

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**Mailing Address 1340 POYDRAS STREET  
STE 1770City  
NEW ORLEANSState  
LAZip Code  
70112-5204Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

003

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                          |                   |                                             |
|--------------------------|-------------------|---------------------------------------------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> | Other (specify) ▼ |                                             |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 9 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2.30

Transaction ID : B40B21F20A35041D48BC

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

503.21

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

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

PAGE 24 OF 26

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

SCOTT FITZGERALD FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. ANEDOT**Mailing Address 1340 POYDRAS STREET  
STE 1770City  
NEW ORLEANSState  
LAZip Code  
70112-5204Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

003

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                          |                   |                                             |
|--------------------------|-------------------|---------------------------------------------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> | Other (specify) ▼ |                                             |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 9 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

20.30

Transaction ID : B5EB799B7358A4342B96

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. US CELLULAR**

Mailing Address BOX 205

City  
PALATINEState  
ILZip Code  
60055Purpose of Disbursement  
CELLPHONE

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                          |                   |                                             |
|--------------------------|-------------------|---------------------------------------------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> | Other (specify) ▼ |                                             |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 1 | 1 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

180.05

Transaction ID : B20339AA1DEE74201BD5

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**Mailing Address 1340 POYDRAS STREET  
STE 1770City  
NEW ORLEANSState  
LAZip Code  
70112-5204Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

003

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                          |                   |                                             |
|--------------------------|-------------------|---------------------------------------------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> | Other (specify) ▼ |                                             |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 1 | 1 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2.30

Transaction ID : B3480DA20F2284FB9BCD

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

202.65

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

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

PAGE 25 OF 26

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

SCOTT FITZGERALD FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. WINRED**Mailing Address 1776 WILSON BLVD  
STE 350City  
ARLINGTONState  
VAZip Code  
22209-2517Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

001

Candidate Name  
WINREDCategory/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                          |                   |                                             |
|--------------------------|-------------------|---------------------------------------------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> | Other (specify) ▼ |                                             |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 1 | 3 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

10.18

Transaction ID : BD2FB3D351A2D4E12876

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**Mailing Address 1340 POYDRAS STREET  
STE 1770City  
NEW ORLEANSState  
LAZip Code  
70112-5204Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

003

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                          |                   |                                             |
|--------------------------|-------------------|---------------------------------------------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> | Other (specify) ▼ |                                             |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 1 | 4 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

40.60

Transaction ID : BEBE6616A15D14BB09E7

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED**Mailing Address 1776 WILSON BLVD  
STE 350City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

003

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                          |                   |                                             |
|--------------------------|-------------------|---------------------------------------------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> | Other (specify) ▼ |                                             |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 1 | 4 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

10.18

Transaction ID : B80CF4C8D9F0544D0A6D

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

60.96

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

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

PAGE 26 OF 26

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

SCOTT FITZGERALD FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. RARE STEAKHOUSE**

Mailing Address 1595 I ST NW

City  
WASHINGTONState  
DCZip Code  
20005-1106Purpose of Disbursement  
FUNDRAISER FOOD AND DRINK

003

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                          |                   |                                             |
|--------------------------|-------------------|---------------------------------------------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> | Other (specify) ▼ |                                             |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 1 | 6 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

562.00

Transaction ID : B131634523E3A4F3598D

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ENGELS, JUDI, , ,**

Mailing Address 4557 AMERICAN WAY

City  
COTTAGE GROVEState  
WIZip Code  
53527Purpose of Disbursement  
EXPENSE REIMBURSEMENT

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                          |                   |                                             |
|--------------------------|-------------------|---------------------------------------------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> | Other (specify) ▼ |                                             |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 3 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

139.76

Transaction ID : B79F36D9EFB55446C88D

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

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:

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).....▶

701.76

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

18317.35