

# 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**  
**CREATIVE MAJORITY POLITICAL ACTION COMMITTEE**

ADDRESS (number and street) **PO Box 356**  
Check if different than previously reported. (ACC) **Shaprsburg MD 21782**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00619759** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period  /  /  2024 through  /  /  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 **Goudiss, Charles Keegan, , ,**

Signature of Treasurer **Goudiss, Charles Keegan, , ,** Date  /  /  2024

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CREATIVE MAJORITY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 04 / 01 / 2024 To: 06 / 30 / 2024

Table with 2 columns: COLUMN A This Period, COLUMN B Calendar Year-to-Date. Rows include: 6. (a) Cash on Hand January 1, 2024 (59880.74); (b) Cash on Hand at Beginning of Reporting Period (62040.33); (c) Total Receipts (from Line 19) (5935.00 / 12112.00); (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) (67975.33 / 71992.74); 7. Total Disbursements (from Line 31) (3524.32 / 7541.73); 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) (64451.01 / 64451.01); 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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

CREATIVE MAJORITY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 04 / 01 / 2024 To: 06 / 30 / 2024

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).....	600.00	700.00
(ii) Unitemized .....	5335.00	11412.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5935.00	12112.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5935.00	12112.00
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)).....▶	5935.00	12112.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5935.00	12112.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	3524.32	7541.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3524.32	7541.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3524.32	7541.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3524.32	7541.73

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5935.00	12112.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5935.00	12112.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	3524.32	7541.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3524.32	7541.73

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

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

FOR LINE NUMBER: PAGE 6 OF 10  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
**CREATIVE MAJORITY POLITICAL ACTION COMMITTEE**

**A. Green, Lorellen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 Pelican Point Drive  
 City Newport Coast State CA Zip Code 92657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MemorialCare Medical Group Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2024  
**Transaction ID : SA11AI.22175**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Green, Lorellen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 Pelican Point Drive  
 City Newport Coast State CA Zip Code 92657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MemorialCare Medical Group Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2024  
**Transaction ID : SA11AI.22176**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Hargadine, Curtis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6316 43rd Street N  
 City Oakdale State MN Zip Code 55128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2024  
**Transaction ID : SA11AI.22183**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**CREATIVE MAJORITY POLITICAL ACTION COMMITTEE**

**A. Hargadine, Curtis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6316 43rd Street N  
 City Oakdale State MN Zip Code 55128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2024  
**Transaction ID : SA11AI.22184**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Hodge, Christina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11539 17th Ave NE  
 City Seattle State WA Zip Code 98125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Amazon Occupation (for Individual) Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2024  
**Transaction ID : SA11AI.22186**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Hodge, Christina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11539 17th Ave NE  
 City Seattle State WA Zip Code 98125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Amazon Occupation (for Individual) Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 08 / 2024  
**Transaction ID : SA11AI.22187**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> 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 10  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**CREATIVE MAJORITY POLITICAL ACTION COMMITTEE**

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

Mailing Address 78 laurel street

City Salt lake city State UT Zip Code 84103

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

Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
04 / 03 / 2024  
**Transaction ID : SA11AI.22194**

Amount of Each Receipt this Period  
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Milliken, Anne, , ,**

Mailing Address 78 laurel street

City Salt lake city State UT Zip Code 84103

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

Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 03 / 2024  
**Transaction ID : SA11AI.22195**

Amount of Each Receipt this Period  
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Milliken, Anne, , ,**

Mailing Address 78 laurel street

City Salt lake city State UT Zip Code 84103

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

Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2024  
**Transaction ID : SA11AI.22196**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	600.00



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**CREATIVE MAJORITY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
Sommerville

State  
MA

Zip Code  
02144

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	4

FEC Identification Number

**C**

**Transaction ID : SB21B.22216**

Amount of Each Disbursement this Period

236.77

Memo Item

Full Name (Last, First, Middle Initial)

**B. Proser, Sue, , ,**

Mailing Address PO Box 359

City  
Sharpsburg

State  
MD

Zip Code  
21782

Purpose of Disbursement  
Accounting Services

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C**

**Transaction ID : SB21B.22209**

Amount of Each Disbursement this Period

1030.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Proser, Sue, , ,**

Mailing Address PO Box 359

City  
Sharpsburg

State  
MD

Zip Code  
21782

Purpose of Disbursement  
Accounting Services

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	2	4

FEC Identification Number

**C**

**Transaction ID : SB21B.22211**

Amount of Each Disbursement this Period

1030.00

Memo Item

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

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

2296.77

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**CREATIVE MAJORITY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Proser, Sue, , ,**

Mailing Address PO Box 359

City  
Sharpsburg

State  
MD

Zip Code  
21782

Purpose of Disbursement

Accounting Services

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	4

FEC Identification Number

**C**

**Transaction ID : SB21B.22214**

Amount of Each Disbursement this Period

1030.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC**

Mailing Address 1090 Vermont Ave, NW  
Suite 750

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement

Legal Services

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	2	4

FEC Identification Number

**C**

**Transaction ID : SB21B.22212**

Amount of Each Disbursement this Period

175.00

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	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

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

1205.00

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

3501.77