

**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

WITH HONOR PAC

ADDRESS (number and street)

PO BOX 1843

Check if different
than previously
reported. (ACC)

ALEXANDRIA

VA

22313

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00661272

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election
Report for the:☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

KOCH, TIMOTHY, A., ,

Signature of Treasurer

KOCH, TIMOTHY, A., ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

WITH HONOR PAC

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2023

To:

MM / DD / YYYY
12 / 31 / 2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2023		44506.21
(b) Cash on Hand at Beginning of Reporting Period.....	50067.71	
(c) Total Receipts (from Line 19)	139780.00	345102.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	189847.71	389608.21
7. Total Disbursements (from Line 31)	122254.93	322015.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	67592.78	67592.78
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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

WITH HONOR PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	3

To:

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

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).....	104250.00	289000.00
(ii) Unitemized	530.00	1102.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	104780.00	290102.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	35000.00	55000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	139780.00	345102.00
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))	139780.00	345102.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	139780.00	345102.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	10854.93	22819.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	10854.93	22819.12
22. Transfers to Affiliated/Other Party Committees.....	17500.00	100796.31
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	82500.00	176000.00
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).....	11400.00	22400.00
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)) ..	122254.93	322015.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	122254.93	322015.43

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	139780.00	345102.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	139780.00	345102.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	10854.93	22819.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	10854.93	22819.12

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 43

(check only one)

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

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

NAME OF COMMITTEE (In Full)

WITH HONOR PAC

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

A. Abram, Benjamin, , ,

Mailing Address 703 Foster Street

City
DurhamState
NCZip Code
27701FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Modern EnergyOccupation (for Individual)
Energy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2023

Transaction ID : SA11Al.7784

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

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

B. Arcangeli, Madison, , ,

Mailing Address 627 14th PI NE

City
WashingtonState
DCZip Code
20002FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Forza DCOccupation (for Individual)
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2023

Transaction ID : SA11Al.7763

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Contribution

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

C. Arcangeli, Paul, , ,

Mailing Address 627 14th PI NE

City
WashingtonState
DCZip Code
20002FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
InvariantOccupation (for Individual)
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2023

Transaction ID : SA11Al.7761

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Contribution

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

7000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

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

A. Bezos, Jacklyn, , ,

Mailing Address 7742 North Kendall Drive

City
KendallState
FLZip Code
33156FEC 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 ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2023

Transaction ID : SA11AI.7760

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

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

B. Bezos, Miguel, , ,

Mailing Address 7742 North Kendall Drive

City
KendallState
FLZip Code
33156FEC 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 ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2023

Transaction ID : SA11AI.7759

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

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

C. Blashek, Jordan, , ,

Mailing Address 2120 W 10th St

City
AustinState
TXZip Code
78703FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

America's Frontier Fund

Occupation (for Individual)

Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2023

Transaction ID : SA11AI.7713

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Contribution

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

11000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

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

A. Brownstein Hyatt Farber Schreck, LLPMailing Address 675 15th St
Suite 2900City
DenverState
COZip Code
80202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2023

Transaction ID : SA11AI.7705

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Partnership Contribution: See Attribution

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

B. Benenson, Rich, , ,Mailing Address 675 15th St
Suite 2900City
DenverState
COZip Code
80202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Brownstein Hyatt Farber

Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2023

Transaction ID : SA11AI.7705.0

Amount of Each Receipt this Period

5000.00

☒ Memo Item

Partnership Attribution

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

C. Campbell, Christine, , ,

Mailing Address 939 Ivy Wall Drive

City
HoustonState
TXZip Code
77079FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Homemaker

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2023

Transaction ID : SA11AI.7769

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

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

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

10000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

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

A. Campbell, Donovan, , ,

Mailing Address 939 Ivy Wall Drive

City
HoustonState
TXZip Code
77079FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MedBridge

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2023

Transaction ID : SA11AI.7672

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

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

B. Dixon, Andrew, , ,

Mailing Address 712 Wisconsin St

City

San Francisco

State

CA

Zip Code

94107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Reveal Technology, Inc.

Occupation (for Individual)

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 26 / 2023

Transaction ID : SA11AI.7780

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Contribution

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

C. Finke, Thomas, M., ,

Mailing Address 671 Llewellyn Place

City

Charlotte

State

NC

Zip Code

28207

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 ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2023

Transaction ID : SA11AI.7666

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

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

12500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 43
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

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

A. Fitzgerald, Meghan, , ,

Mailing Address 540 7th Street North

City
NaplesState
FLZip Code
34102FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ColumbiaOccupation (for Individual)
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2023

Transaction ID : SA11Al.7701

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Contribution

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

B. Force, David, , ,

Mailing Address 1445 Northwest Laurel Heights Dr

City
AlbanyState
ORZip Code
97321FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2023

Transaction ID : SA11Al.7783

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution

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

C. Gardiner, Gordon, , ,

Mailing Address 1121 31st Avenue South

City
SeattleState
WAZip Code
98144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Quantum HoldingsOccupation (for Individual)
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 06 / 2023

Transaction ID : SA11Al.7684

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution

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

2000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

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

A. George, Ann, , ,

Mailing Address 2284 W Lake of the Isles Pkwy

City
MinneapolisState
MNZip Code
55405FEC 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 ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2023

Transaction ID : SA11AI.7749

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

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

B. Gruner, Harry, , ,

Mailing Address 10721 Stevenson Rd

City
StevensonState
MDZip Code
21153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

JMI Management LP

Occupation (for Individual)

Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2023

Transaction ID : SA11AI.7737

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

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

C. Gund, Gordon, , ,

Mailing Address 14 Nassau St

City
PrincetonState
NJZip Code
08542FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Gund Investment Corp

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2023

Transaction ID : SA11AI.7728

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

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

15000.00

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

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

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

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

A. Hyde, Barbara, , ,Mailing Address 17 W. Pontotoc Ave
Suite 100City
MemphisState
TNZip Code
38103FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hyde Family FoundationOccupation (for Individual)
Chair & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11AI.7630

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

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

B. Joseph Klein, LLC

Mailing Address 9 Forest Pl

City

New Rochelle

State

NY

Zip Code

10804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2023

Transaction ID : SA11AI.7724

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Partnership Contribution: See Attribution

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

C. Klein, Joe, , ,

Mailing Address 9 Forest Place

City

New Rochelle

State

NY

Zip Code

10804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2023

Transaction ID : SA11AI.7724.0

Amount of Each Receipt this Period

2500.00

☒ Memo Item

Partnership Attribution

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

7500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

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

A. Keene, Frances, , ,

Mailing Address 21 Swift Road South

City
DartmouthState
MAZip Code
02748FEC 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2023

Transaction ID : SA11AI.7756

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution

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

B. Kinnaman, John, , ,

Mailing Address 4798 Byron Cir

City
IrvingState
TXZip Code
75038FEC 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 ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2023

Transaction ID : SA11AI.7700

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

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

C. McLarty, Thomas, , ,Mailing Address 425 W. Capitol Ave
Suite 3600City
Little RockState
ARZip Code
72201FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

McLarty Associates

Occupation (for Individual)

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 30 / 2023

Transaction ID : SA11AI.7642

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

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

10500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

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

A. McMaster, Herbert, , ,

Mailing Address 1750 University Avenue

City
Palo AltoState
CAZip Code
94301FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stanford UniversityOccupation (for Individual)
Senior Fellow

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2023

Transaction ID : SA11AI.7720

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Contribution

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

B. Munichiello, Dave, , ,

Mailing Address 2995 Woodside Rd, Suite 400

City
WoodsideState
CAZip Code
94062FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GVOccupation (for Individual)
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2023

Transaction ID : SA11AI.7787

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

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

C. Nunamaker, Kathy, , ,

Mailing Address 104 Bluegrass Cv

City
HendersonvilleState
TNZip Code
37075FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CBC Companies, Inc.Occupation (for Individual)
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2023

Transaction ID : SA11AI.7766

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Contribution

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

7000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 43
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

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

A. Pechet, Tavan, , ,

Mailing Address 218 Main Street

City
KirklandState
WAZip Code
98033FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2023

Transaction ID : SA11AI.7754

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

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

B. Sanderson, Matthew, , ,

Mailing Address 11010 Blenheim Drive

City
OaktonState
VAZip Code
22124FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Caplin & DrysdaleOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 01 / 2023

Transaction ID : SA11AI.7664

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution

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

C. Saunders-Albin, Pam, , ,

Mailing Address 10 Rising Moon

City
Santa FeState
NMZip Code
87506FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Saunders Real Estate Corp.Occupation (for Individual)
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 11 / 2023

Transaction ID : SA11AI.7714

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Contribution

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

6500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

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

A. Scaramucci, Anthony, , ,Mailing Address 527 Madison Avenue
4th FlCity
New YorkState
NYZip Code
10022FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SkyBridge CapitalOccupation (for Individual)
Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2023

Transaction ID : SA11Al.7791

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

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

B. Solomon, Larry, , ,Mailing Address 855 El Camino Real
13A-353City
Palo AltoState
CAZip Code
94301FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2023

Transaction ID : SA11Al.7775

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

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

C. Wahby, Victor, , ,

Mailing Address 596 Harbor Point Road

City
ButlerState
TNZip Code
37640FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (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
12 / 31 / 2023

Transaction ID : SA11Al.7789

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution

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

10250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

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

A. Watanabe, Frank, , ,

Mailing Address 656 Coalition View Court POB 2066

City
Park CityState
UTZip Code
84060FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Arcutis BiotherapeuticsOccupation (for Individual)
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2023

Transaction ID : SA11AI.7696

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

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

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

5000.00

104250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 43
(check only one)

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

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

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

A. AIR LINE PILOTS ASSOCIATION PAC

Mailing Address 1625 MASSACHUSETTS AVE. NW

City
WASHINGTONState
DCZip Code
20036FEC ID number of contributing
federal political committee.

C

C00035451

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 10 / 2023

Transaction ID : SA11C.7629

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

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

B. AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEEMailing Address 1111 14TH STREET, NW
SUITE 1100City
WASHINGTONState
DCZip Code
20005FEC ID number of contributing
federal political committee.

C

C00000729

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 29 / 2023

Transaction ID : SA11C.7682

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

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

C. NUCOR CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1915 REXFORD ROAD

City
CHARLOTTEState
NCZip Code
28211FEC ID number of contributing
federal political committee.

C

C00379628

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 29 / 2023

Transaction ID : SA11C.7680

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

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

15000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 43

(check only one)

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

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

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

A. QUALCOMM INCORPORATED POLITICAL ACTION COMMITTEE (QPAC)Mailing Address 1730 PENNSYLVANIA AVE. NW
SUITE 850City
WASHINGTONState
DCZip Code
20006FEC ID number of contributing
federal political committee.**C** C00339085

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2023**Transaction ID : SA11C.7678**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

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

B. TENET HEALTHCARE CORPORATION PAC

Mailing Address 14201 DALLAS PARKWAY

City
DALLASState
TXZip Code
75254FEC ID number of contributing
federal political committee.**C** C00119354

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 06 / 2023**Transaction ID : SA11C.7693**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

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

C. UNUM GROUP POLITICAL ACTION COMMITTEE (UNUMPAC)

Mailing Address 1 FOUNTAIN SQUARE

City
CHATTANOOGAState
TNZip Code
37402FEC ID number of contributing
federal political committee.**C** C00177436

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 04 / 2023**Transaction ID : SA11C.7623**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

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

15000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 43
(check only one)

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

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

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

A. WALMART INC. PAC FOR RESPONSIBLE GOVERNMENT

Mailing Address 702 S.W. 8TH STREET

City
BENTONVILLEState
ARZip Code
72716FEC ID number of contributing
federal political committee.

C

C00093054

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 11 / 2023

Transaction ID : SA11C.7747

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

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

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

5000.00

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

35000.00

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

PAGE 21 OF 43

<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)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112

Purpose of Disbursement

Credit Card Processing

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	2	3		

FEC Identification Number

C**Transaction ID : SB21B.7610**

Amount of Each Disbursement this Period

192.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112

Purpose of Disbursement

Credit Card Processing

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	7			2	0	2	3		

FEC Identification Number

C**Transaction ID : SB21B.7616**

Amount of Each Disbursement this Period

2.61

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112

Purpose of Disbursement

Credit Card Processing

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	8			2	0	2	3		

FEC Identification Number

C**Transaction ID : SB21B.7633**

Amount of Each Disbursement this Period

2.23

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

197.64

<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

WITH HONOR PAC

A. Aneddot

Category/
Type

District:

C

1.07

 Memo Item

B. Aneddot

Category/
Type

District:

C

Transaction ID : SB21B.7641

4.15

Memo Item

C. Aneddot

Category/
Type

District:

C

Transaction ID : SB21B.7667

4.15

Memo Item

9.37

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

PAGE 23 OF 43

<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)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112

Purpose of Disbursement

Credit Card Processing

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	2	3		

FEC Identification Number

C**Transaction ID : SB21B.7668**

Amount of Each Disbursement this Period

19.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112

Purpose of Disbursement

Credit Card Processing

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	1			2	0	2	3		

FEC Identification Number

C**Transaction ID : SB21B.7671**

Amount of Each Disbursement this Period

192.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112

Purpose of Disbursement

Credit Card Processing

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	2	3		

FEC Identification Number

C**Transaction ID : SB21B.7677**

Amount of Each Disbursement this Period

192.80

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

405.15

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

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

PAGE 24 OF 43

<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)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112

Purpose of Disbursement

Credit Card Processing

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	Y	Y
1	0		1	1		2	0	2	3		

FEC Identification Number

C**Transaction ID : SB21B.7692**

Amount of Each Disbursement this Period

19.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112

Purpose of Disbursement

Credit Card Processing

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	Y	Y
1	0		1	8		2	0	2	3		

FEC Identification Number

C**Transaction ID : SB21B.7698**

Amount of Each Disbursement this Period

192.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112

Purpose of Disbursement

Credit Card Processing

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	Y	Y
1	1		0	2		2	0	2	3		

FEC Identification Number

C**Transaction ID : SB21B.7703**

Amount of Each Disbursement this Period

192.80

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

405.15

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

PAGE 25 OF 43

<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)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112

Purpose of Disbursement

Credit Card Processing

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	Y	Y
1	1		0	6		2	0	2	3		

FEC Identification Number

C**Transaction ID : SB21B.7711**

Amount of Each Disbursement this Period

3	8	.	8	0
---	---	---	---	---

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112

Purpose of Disbursement

Credit Card Processing

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	Y	Y
1	1		1	4		2	0	2	3		

FEC Identification Number

C**Transaction ID : SB21B.7722**

Amount of Each Disbursement this Period

3	8	.	8	0
---	---	---	---	---

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112

Purpose of Disbursement

Credit Card Processing

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	Y	Y
1	1		1	5		2	0	2	3		

FEC Identification Number

C**Transaction ID : SB21B.7723**

Amount of Each Disbursement this Period

3	8	.	8	0
---	---	---	---	---

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

1	1	6	.	4	0
---	---	---	---	---	---

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

PAGE 26 OF 43

<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)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112

Purpose of Disbursement

Credit Card Processing

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	Y	Y
1	1		2	0		2	0	2	3		

FEC Identification Number

C**Transaction ID : SB21B.7727**

Amount of Each Disbursement this Period

40.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112

Purpose of Disbursement

Credit Card Processing

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	Y	Y
1	2		0	1		2	0	2	3		

FEC Identification Number

C**Transaction ID : SB21B.7739**

Amount of Each Disbursement this Period

192.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112

Purpose of Disbursement

Credit Card Processing

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	Y	Y
1	2		0	4		2	0	2	3		

FEC Identification Number

C**Transaction ID : SB21B.7738**

Amount of Each Disbursement this Period

1.26

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

234.12

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

PAGE 27 OF 43

<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)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112

Purpose of Disbursement

Credit Card Processing

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	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	8			2	0	2	3	

FEC Identification Number

C**Transaction ID : SB21B.7753**

Amount of Each Disbursement this Period

192.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112

Purpose of Disbursement

Credit Card Processing

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

FEC Identification Number

C**Transaction ID : SB21B.7752**

Amount of Each Disbursement this Period

2.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112

Purpose of Disbursement

Credit Card Processing

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

FEC Identification Number

C**Transaction ID : SB21B.7773**

Amount of Each Disbursement this Period

405.15

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

600.18

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

PAGE 28 OF 43

<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)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112

Purpose of Disbursement

Credit Card Processing

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

FEC Identification Number

C**Transaction ID : SB21B.7774**

Amount of Each Disbursement this Period

192.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112

Purpose of Disbursement

Credit Card Processing

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

FEC Identification Number

C**Transaction ID : SB21B.7781**

Amount of Each Disbursement this Period

116.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112

Purpose of Disbursement

Credit Card Processing

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	7			2	0	2	3		

FEC Identification Number

C**Transaction ID : SB21B.7782**

Amount of Each Disbursement this Period

389.75

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

698.95

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

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<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)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112

Purpose of Disbursement

Credit Card Processing

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	8			2	0	2	3		

FEC Identification Number

C**Transaction ID : SB21B.7795**

Amount of Each Disbursement this Period

96.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Koch & Hoos, LLCMailing Address 901 N Washington St
Ste 700City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Accounting/Compliance Services

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	7			2	0	2	3		

FEC Identification Number

C**Transaction ID : SB21B.7617**

Amount of Each Disbursement this Period

802.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Koch & Hoos, LLCMailing Address 901 N Washington St
Ste 700City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Accounting/Compliance Services

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	3			2	0	2	3		

FEC Identification Number

C**Transaction ID : SB21B.7640**

Amount of Each Disbursement this Period

1035.00

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

1934.05

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

PAGE 30 OF 43

<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)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. Koch & Hoos, LLCMailing Address 901 N Washington St
Ste 700City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Accounting/Compliance Services

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	2	3		

FEC Identification Number

C Transaction ID : **SB21B.7674**

Amount of Each Disbursement this Period

896.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Koch & Hoos, LLCMailing Address 901 N Washington St
Ste 700City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Accounting/Compliance Services

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

FEC Identification Number

C Transaction ID : **SB21B.7699**

Amount of Each Disbursement this Period

800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Koch & Hoos, LLCMailing Address 901 N Washington St
Ste 700City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Accounting/Compliance Services

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

FEC Identification Number

C Transaction ID : **SB21B.7716**

Amount of Each Disbursement this Period

621.70

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

2318.20

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

PAGE 31 OF 43

<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

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)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. Koch & Hoos, LLCMailing Address 901 N Washington St
Ste 700City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Accounting/Compliance Services
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B.7765

Amount of Each Disbursement this Period

 1501.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MailchimpMailing Address 675 Ponce De Leon Ave NE
Suite 5000City
AtlantaState
GAZip Code
30308Purpose of Disbursement
PAC Email Services
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

Date of Disbursement

M	M		/	D	D		/	Y	Y	Y	Y
0	7			1	0			2	0	2	3

FEC Identification Number

C
Transaction ID : SB21B.7615

Amount of Each Disbursement this Period

 260.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MailchimpMailing Address 675 Ponce De Leon Ave NE
Suite 5000City
AtlantaState
GAZip Code
30308Purpose of Disbursement
PAC Email Services
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M		/	D	D		/	Y	Y	Y	Y
0	8			1	0			2	0	2	3

FEC Identification Number

C
Transaction ID : SB21B.7632

Amount of Each Disbursement this Period

 260.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 2021.00

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

PAGE 32 OF 43

<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)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. MailchimpMailing Address 675 Ponce De Leon Ave NE
Suite 5000City
AtlantaState
GAZip Code
30308

Purpose of Disbursement

Email Services

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	1			2	0	2	3		

FEC Identification Number

C**Transaction ID : SB21B.7670**

Amount of Each Disbursement this Period

260.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MailchimpMailing Address 675 Ponce De Leon Ave NE
Suite 5000City
AtlantaState
GAZip Code
30308

Purpose of Disbursement

Email Services

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

FEC Identification Number

C**Transaction ID : SB21B.7691**

Amount of Each Disbursement this Period

260.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MailchimpMailing Address 675 Ponce De Leon Ave NE
Suite 5000City
AtlantaState
GAZip Code
30308

Purpose of Disbursement

Email Services

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

FEC Identification Number

C**Transaction ID : SB21B.7721**

Amount of Each Disbursement this Period

260.00

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

780.00

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

PAGE 33 OF 43

<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)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. MailchimpMailing Address 675 Ponce De Leon Ave NE
Suite 5000City
AtlantaState
GAZip Code
30308

Purpose of Disbursement

PAC Email Services

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.7751**

Amount of Each Disbursement this Period

825.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Red Frontier Strategies, LLCMailing Address 30 N Gould Street
Suite 31341City
SheridanState
WYZip Code
82801

Purpose of Disbursement

Fundraising Consulting

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.7732**

Amount of Each Disbursement this Period

375.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. US Postal Service

Mailing Address 1100 Wythe St

City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

PO Box Renewal

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.7746**

Amount of Each Disbursement this Period

216.00

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

876.00

10596.21

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

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<input type="checkbox"/> 21b	<input checked="" 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)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. CROSSPARTISAN PAC II

Mailing Address PO BOX 1843

City
ALEXANDRIAState
VAZip Code
22313Purpose of Disbursement
Transfer to Aff. Committee
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C C00786202
Transaction ID : SB22.7681

Amount of Each Disbursement this Period

6500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CROSSPARTISAN PAC II

Mailing Address PO BOX 1843

City
ALEXANDRIAState
VAZip Code
22313Purpose of Disbursement
Transfer to Aff. Committee
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	5							

FEC Identification Number

C C00786202
Transaction ID : SB22.7799

Amount of Each Disbursement this Period

11000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

17500.00

17500.00

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

PAGE 35 OF 43

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

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. AMODEI FOR NEVADA

Mailing Address 503 N DIVISION ST

City
CARSON CITYState
NVZip Code
89703

Purpose of Disbursement

Contribution

Candidate Name

AMODEI, MARK EUGENE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

State: NV

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3		

FEC Identification Number

C C00496760**Transaction ID : SB23.7659**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CISNEROS FOR CONGRESS

Mailing Address P.O. BOX 40

City
PLACENTIAState
CAZip Code
92871

Purpose of Disbursement

Contribution

Candidate Name

CISNEROS, GILBERT, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary ☐ General
☐ Other (specify)

State: CA

District: 39

Date of Disbursement

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

FEC Identification Number

C C00650648**Transaction ID : SB23.7777**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CISNEROS FOR CONGRESS

Mailing Address P.O. BOX 40

City
PLACENTIAState
CAZip Code
92871

Purpose of Disbursement

Contribution

Candidate Name

CISNEROS, GILBERT, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 39

Date of Disbursement

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

FEC Identification Number

C C00650648**Transaction ID : SB23.7779**

Amount of Each Disbursement this Period

5000.00

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

12500.00

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

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

PAGE 36 OF 43

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

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. DIXON FOR CONGRESS

Mailing Address PO BOX 7300

City
MENLO PARKState
CAZip Code
94026

Purpose of Disbursement

Contribution

Candidate Name

DIXON, PETER, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 16

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	8			2	0	2	3		

FEC Identification Number

C C00859439**Transaction ID : SB23.7743**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DIXON FOR CONGRESS

Mailing Address PO BOX 7300

City
MENLO PARKState
CAZip Code
94026

Purpose of Disbursement

Contribution

Candidate Name

DIXON, PETER, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 16

Date of Disbursement

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

FEC Identification Number

C C00859439**Transaction ID : SB23.7778**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DON DAVIS FOR NC

Mailing Address PO BOX 511

City
SNOW HILLState
NCZip Code
28580

Purpose of Disbursement

Contribution

Candidate Name

DAVIS, DON, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	2			2	0	2	3		

FEC Identification Number

C C00795211**Transaction ID : SB23.7639**

Amount of Each Disbursement this Period

2500.00

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

12500.00

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

PAGE 37 OF 43

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

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. DR. BRIAN WILLIAMS FOR CONGRESS

Mailing Address P.O. BOX 180725

City
DALLASState
TXZip Code
75218

Purpose of Disbursement

Contribution

Candidate Name

WILLIAMS, BRIAN, , DR.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX

District: 32

Date of Disbursement

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

FEC Identification Number

C C00840520**Transaction ID : SB23.7690**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF TODD YOUNG, INC.

Mailing Address PO BOX 3743

City
CARMELState
INZip Code
46082

Purpose of Disbursement

Contribution

Candidate Name

YOUNG, TODD CHRISTOPHER, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2028

☒ Primary ☐ General
☐ Other (specify)

State: IN

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3		

FEC Identification Number

C C00459255**Transaction ID : SB23.7663**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JAKE AUCHINCLOSS FOR CONGRESS

Mailing Address P.O. BOX 600698

City
NEWTONVILLEState
MAZip Code
02460

Purpose of Disbursement

Contribution

Candidate Name

AUCHINCLOSS, JAKE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

State: MA

District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	2	3		

FEC Identification Number

C C00721449**Transaction ID : SB23.7662**

Amount of Each Disbursement this Period

2500.00

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

12500.00

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

PAGE 38 OF 43

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

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. JIMMY PANETTA FOR CONGRESS

Mailing Address PO BOX 103

City
CARMEL VALLEYState
CAZip Code
93924

Purpose of Disbursement

Contribution

Candidate Name

PANETTA, JIMMY, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2023

FEC Identification Number

C C00592154**Transaction ID : SB23.7612**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOHN JAMES FOR CONGRESS, INC.

Mailing Address P.O. BOX 628

City
SAINT CLAIR SHORESState
MIZip Code
48080

Purpose of Disbursement

Contribution

Candidate Name

JAMES, JOHN, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary ☐ General
☐ Other (specify)

State: MI

District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2023

FEC Identification Number

C C00803502**Transaction ID : SB23.7675**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JONI FOR IOWA

Mailing Address PO BOX 93441

City
DES MOINESState
IAZip Code
50393

Purpose of Disbursement

Contribution

Candidate Name

ERNST, JONI, K., ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: IA

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2023

FEC Identification Number

C C00546788**Transaction ID : SB23.7611**

Amount of Each Disbursement this Period

5000.00

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

10000.00

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

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

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

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL WALTZ FOR CONGRESSMailing Address 1235 PROVIDENCE BLVD., STE R
PMB 502City
DELTONAState
FLZip Code
32725

Purpose of Disbursement

Contribution

Candidate Name

WALTZ, MICHAEL, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 06

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7		2	0	2	3		

FEC Identification Number

C C00666396**Transaction ID : SB23.7614**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MIKE THOMPSON FOR CONGRESS

Mailing Address 5445 MADISON AVENUE

City
SACRAMENTOState
CAZip Code
95841

Purpose of Disbursement

Contribution

Candidate Name

THOMPSON, MIKE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 04

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1		2	0	2	3		

FEC Identification Number

C C00326363**Transaction ID : SB23.7654**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MIKIE SHERRILL FOR CONGRESS

Mailing Address P.O. BOX 43032

City
MONTCLAIRState
NJZip Code
07043

Purpose of Disbursement

Contribution

Candidate Name

SHERRILL, MIKIE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 11

Date of Disbursement

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

FEC Identification Number

C C00640003**Transaction ID : SB23.7768**

Amount of Each Disbursement this Period

5000.00

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

1	0	0	0	0	0	0	0	0	0	0	0	0

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

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

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. MOULTON FOR CONGRESS

Mailing Address PO BOX 2013

City
SALEMState
MAZip Code
01970

Purpose of Disbursement

Contribution

Candidate Name

MOULTON, SETH, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

State: MA

District: 06

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	2	3	

FEC Identification Number

C C00547240**Transaction ID : SB23.7669**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SALUD CARBAJAL FOR CONGRESS

Mailing Address PO BOX 1290

City
SANTA BARBARAState
CAZip Code
93102

Purpose of Disbursement

Contribution

Candidate Name

CARBAJAL, SALUD, O., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary ☐ General
☐ Other (specify)

State: CA

District: 24

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3	

FEC Identification Number

C C00576041**Transaction ID : SB23.7646**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SANFORD BISHOP FOR CONGRESS

Mailing Address P O BOX 909

City
COLUMBUSState
GAZip Code
31902

Purpose of Disbursement

Contribution

Candidate Name

BISHOP, SANFORD, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 02

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	2	3	

FEC Identification Number

C C00266940**Transaction ID : SB23.7622**

Amount of Each Disbursement this Period

5000.00

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

10000.00

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

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

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. THE REED COMMITTEE

Mailing Address PO BOX 8628

City
CRANSTONState
RIZip Code
02920

Purpose of Disbursement

Contribution

Candidate Name

REED, JOHN, F., ,

Office Sought:

<input type="checkbox"/>	House
<input checked="" type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

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

State: RI District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3		

FEC Identification Number

C C00238907**Transaction ID : SB23.7661**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WENSTRUP FOR CONGRESS

Mailing Address PO BOX 9551

City
CINCINNATIState
OHZip Code
45209

Purpose of Disbursement

Contribution

Candidate Name

WENSTRUP, BRAD, , DR.,

Office Sought:

<input checked="" type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

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

State: OH District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3		

FEC Identification Number

C C00497818**Transaction ID : SB23.7650**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WICKER FOR SENATE

Mailing Address PO BOX 64

City
JACKSONState
MSZip Code
39205

Purpose of Disbursement

Contribution

Candidate Name

WICKER, ROGER, , ,

Office Sought:

<input type="checkbox"/>	House
<input checked="" type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

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

State: MS District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3		

FEC Identification Number

C C00443218**Transaction ID : SB23.7660**

Amount of Each Disbursement this Period

2500.00

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

10000.00

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

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

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. WOMACK FOR CONGRESS COMMITTEE

Mailing Address PO BOX 508

City
ROGERSState
ARZip Code
72757

Purpose of Disbursement

Contribution

Candidate Name

WOMACK, STEPHEN, A., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: AR

District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	9		2	0	2	3		

FEC Identification Number

C C00477745**Transaction ID : SB23.7710**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

5000.00

82500.00

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)

PAGE 43 OF 43

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

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. Jeff Jackson for Attorney General

Mailing Address PO Box 470882

City
Charlotte

State
NC

Zip Code
28226

Purpose of Disbursement

Non-Federal Contribution

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 29 / 2023

FEC Identification Number

C

Transaction ID : SB29.7730

Amount of Each Disbursement this Period

6400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Veterans Bridge Home

Mailing Address 5260 Parkway Plaza Boulevard
Suite 110

City
Charlotte

State
NC

Zip Code
28217

Purpose of Disbursement

Charitable Contribution

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 22 / 2023

FEC Identification Number

C

Transaction ID : SB29.7637

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

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

11400.00

11400.00