

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.

TELL IT LIKE IT IS PAC

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period / / through / /

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

GELTRUDE, DAN, , ,

Type or Print Name of Treasurer

Signature of Treasurer GELTRUDE, DAN, , , [Electronically Filed] Date / /

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									
-----------------	--	--	--	--	--	--	--	--	--

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

TELL IT LIKE IT IS PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="0"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5886420.58"/>	<input type="text" value="5886420.58"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="5886420.58"/>	<input type="text" value="5886420.58"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="427535.21"/>	<input type="text" value="427535.21"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="5458885.37"/>	<input type="text" value="5458885.37"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="10022.24"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

TELL IT LIKE IT IS PAC

Report Covering the Period: From: 05 / 30 / 2023 To: 06 / 30 / 2023

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).....	5316230.58	5316230.58
(ii) Unitemized	190.00	190.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5316420.58	5316420.58
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	550000.00	550000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5866420.58	5866420.58
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.).....	20000.00	20000.00
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)).....▶	5886420.58	5886420.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5886420.58	5886420.58

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	117767.57	117767.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	117767.57	117767.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	309767.64	309767.64
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	427535.21	427535.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	427535.21	427535.21

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5866420.58	5866420.58
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5866420.58	5866420.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	117767.57	117767.57
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	117767.57	117767.57

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)
TELL IT LIKE IT IS PAC

A. SAKER, RICHARD, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 570 NAVESINK RIVER RD
 City RED BANK State NJ Zip Code 07701-6348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SAKER SHOPRITES INC Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500000.00

Date of Receipt 05 / 30 / 2023
Transaction ID : SA11A.128207
 Amount of Each Receipt this Period 500000.00
 Memo Item CONTRIBUTION

B. DRUCKENMILLER, STANLEY, FREEMAN, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 WEST 57TH STREET
 City NEW YORK State NY Zip Code 10019-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DUQUESNE FAMILY OFFICE LLC Occupation (for Individual) CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt 06 / 01 / 2023
Transaction ID : SA11A.128208
 Amount of Each Receipt this Period 250000.00
 Memo Item CONTRIBUTION

C. NORMANDY FW, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 53 MAPLE AVE
 City MORRISTOWN State NJ Zip Code 07960-5219
 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 ▼ 100000.00

Date of Receipt 06 / 02 / 2023
Transaction ID : SA11A.128226
 Amount of Each Receipt this Period 100000.00
 Memo Item CONTRIBUTION
 SEE ATTRIBUTION BELOW

SUBTOTAL of Receipts This Page (optional).....	850000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
TELL IT LIKE IT IS PAC

A. WENTWORTH, FINN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 53 MAPLE AVE
 City MORRISTOWN State NJ Zip Code 07960-5219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NORMANDY FW, LLC Occupation (for Individual) PARTNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 06 / 02 / 2023
Transaction ID : SA11A.135609
 Amount of Each Receipt this Period 100000.00
 Memo Item CONTRIBUTION
 PARTNERSHIP ATTRIBUTION

B. HORTON, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4106 NE 242ND AVE
 City VANCOUVER State WA Zip Code 98682-9638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CITIZENLY, INC. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 06 / 06 / 2023
Transaction ID : SA11A.128209
 Amount of Each Receipt this Period 100000.00
 Memo Item CONTRIBUTION

C. DIDO RETAIL LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 EAST 66TH STREET 10TH FLOOR
 City NEW YORK State NY Zip Code 10065-5853
 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 ▼ 100000.00

Date of Receipt 06 / 06 / 2023
Transaction ID : SA11A.128227
 Amount of Each Receipt this Period 100000.00
 Memo Item CONTRIBUTION
 SEE ATTRIBUTION BELOW

SUBTOTAL of Receipts This Page (optional).....	200000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
TELL IT LIKE IT IS PAC

A. OLIVER, DOUGLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 EAST 66TH STREET
 10TH FLOOR
 City NEW YORK State NY Zip Code 10065-5853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 06 / 06 / 2023
Transaction ID : SA11A.135618
 Amount of Each Receipt this Period 100000.00
 Memo Item CONTRIBUTION
 PARTNERSHIP ATTRIBUTION

B. ASNESS, CLIFF, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 THIRD AVE FL 11
 City NEW YORK State NY Zip Code 10017-3216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AQR Occupation (for Individual) FINANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt 06 / 07 / 2023
Transaction ID : SA11A.128211
 Amount of Each Receipt this Period 250000.00
 Memo Item CONTRIBUTION

C. PEROT, HENRY, ROSS, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 TURTLE CREEK BLVD
 City DALLAS State TX Zip Code 75219-6268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HILLWOOD Occupation (for Individual) CHAIRMAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 06 / 07 / 2023
Transaction ID : SA11A.128236
 Amount of Each Receipt this Period 100000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	350000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)
TELL IT LIKE IT IS PAC

A. TEPPER, DAVID, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 905 N OCEAN BLVD
 City PALM BEACH State FL Zip Code 33480-3325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TEPPER SPORTS Occupation (for Individual) TEAM OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt 06 / 07 / 2023
Transaction ID : SA11A.128210
 Amount of Each Receipt this Period 250000.00
 Memo Item CONTRIBUTION

B. BLUE, HAROLD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3951 S OCEAN DR UNIT 1601
 City HOLLYWOOD State FL Zip Code 33019-3052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BELHEALTH INVESTMENT PARTNERS LLC Occupation (for Individual) MANAGING PARTNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 06 / 08 / 2023
Transaction ID : SA11A.128213
 Amount of Each Receipt this Period 100000.00
 Memo Item CONTRIBUTION

C. STEPHENS, WARREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 CENTER ST STE 100
 City LITTLE ROCK State AR Zip Code 72201-4451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STEPHENS, INC Occupation (for Individual) CHAIRMAN, PRESIDENT & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 06 / 08 / 2023
Transaction ID : SA11A.128212
 Amount of Each Receipt this Period 50000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	400000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)
TELL IT LIKE IT IS PAC

A. BRAMNICK RODRIGUEZ GRABAS ARNOLD & MANGAN LLC

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

Mailing Address 1827 EAST SECOND ST

City SCOTCH PLAINS	State NJ	Zip Code 07076-1735
-----------------------	-------------	------------------------

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 ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2023

Transaction ID : SA11A.128228

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW

B. BRAMNICK, JON, , ,

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

Mailing Address 14 KIMBALL CIRCLE

City WESTFIELD	State NJ	Zip Code 07090-1809
-------------------	-------------	------------------------

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

Name of Employer (for Individual) BRAMNICK RODRIGUEZ GRABAS ARNOLD & MAN	Occupation (for Individual) ATTORNEY
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2023

Transaction ID : SA11A.135620

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

C. BUCKLEY, WALTER, W., , JR

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

Mailing Address 11450 TURTLE BEACH RD

City NORTH PALM BEACH	State FL	Zip Code 33408-3343
--------------------------	-------------	------------------------

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 ▼
500000.00

Date of Receipt

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

Transaction ID : SA11A.128214

Amount of Each Receipt this Period
500000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	510000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
TELL IT LIKE IT IS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ARROW 1999 TRUST

Mailing Address 872 WASHINGTON ST FL 3

City NEW YORK	State NY	Zip Code 10014-1102
------------------	-------------	------------------------

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 ▼
46700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2023

Transaction ID : SA11A.128237

Amount of Each Receipt this Period
46700.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. DILLER, BARRY, , ,

Mailing Address 555 W 18TH ST

City NEW YORK	State NY	Zip Code 10011
------------------	-------------	-------------------

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

Name of Employer (for Individual) IAC AND EXPEDIA	Occupation (for Individual) CHAIRMAN AND SENIOR EXECUTIVI
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
46700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2023

Transaction ID : SA11A.135616

Amount of Each Receipt this Period
46700.00

Memo Item
CONTRIBUTION

TRUST ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. KRE PROPERTY MANAGEMENT CO., LLC

Mailing Address 4 VISTA TERRACE

City LIVINGSTON	State NJ	Zip Code 07039-1915
--------------------	-------------	------------------------

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 ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2023

Transaction ID : SA11A.128229

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW

SUBTOTAL of Receipts This Page (optional).....	56700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 41
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)
TELL IT LIKE IT IS PAC

A. KUSHNER, MURRAY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 6872

City BRIDGEWATER State NJ Zip Code 08807-0872

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

Name of Employer (for Individual) KRE PROPERTY MANAGEMENT CO., LLC Occupation (for Individual) DEVELOPER

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 06 / 09 / 2023
Transaction ID : SA11A.135621

Amount of Each Receipt this Period 10000.00

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION

B. DUNICAN, PATRICK, C., , JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 275 W RIDGEWOOD AVE

City RIDGEWOOD State NJ Zip Code 07450-3614

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

Name of Employer (for Individual) GIBBONS P.C. Occupation (for Individual) ATTORNEY

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 06 / 13 / 2023
Transaction ID : SA11A.128215

Amount of Each Receipt this Period 25000.00

Memo Item CONTRIBUTION

C. ERISTOFF, ANDREW, SIDAMON, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 37 HODGE RD

City PRINCETON State NJ Zip Code 08540-3011

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 ▼ 10000.00

Date of Receipt 06 / 13 / 2023
Transaction ID : SA11A.128216

Amount of Each Receipt this Period 10000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 35000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
TELL IT LIKE IT IS PAC

A. MARQUELL, PHILLIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8333 CLINTON PARK DR
 City FORT WAYNE State IN Zip Code 46825-3164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ROSEMA CORPORATION Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt 06 / 13 / 2023
Transaction ID : SA11A.128190
 Amount of Each Receipt this Period 20000.00
 Memo Item
CONTRIBUTION

B. TSAKOPOULOS, SOFIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7019 FOLSOM BLVD
 City SACRAMENTO State CA Zip Code 95826-2625
 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 ▼ 10330.58

Date of Receipt 06 / 13 / 2023
Transaction ID : SA11A.128189
 Amount of Each Receipt this Period 10330.58
 Memo Item
CONTRIBUTION

C. THE KAMSON CORPORATION
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 270 SYLVAN AVE
 City ENGLEWOOD CLIFFS State NJ Zip Code 07632-2523
 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 ▼ 250000.00

Date of Receipt 06 / 13 / 2023
Transaction ID : SA11A.128238
 Amount of Each Receipt this Period 250000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	280330.58
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
TELL IT LIKE IT IS PAC

A. KIRBY, STARK, DILLARD, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 HARTLEY FARMS RD
 City MORRISTOWN State NJ Zip Code 07960-7045
 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 ▼ 75000.00

Date of Receipt 06 / 14 / 2023
Transaction ID : SA11A.128217
 Amount of Each Receipt this Period 75000.00
 Memo Item CONTRIBUTION

B. O'CONNOR, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 LENOX AVE
 City WESTFIELD State NJ Zip Code 07090-5101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HIGH RISE CAPITAL Occupation (for Individual) PE INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 06 / 14 / 2023
Transaction ID : SA11A.128199
 Amount of Each Receipt this Period 25000.00
 Memo Item CONTRIBUTION

C. JONES, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 ELM ST
 City STAMFORD State CT Zip Code 06902-3800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TUDOR INVESTMENT Occupation (for Individual) TRADER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 150000.00

Date of Receipt 06 / 15 / 2023
Transaction ID : SA11A.128218
 Amount of Each Receipt this Period 150000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	250000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
TELL IT LIKE IT IS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. CROW, HARLAN, R., ,		Date of Receipt
Mailing Address 3819 MAPLE AVE		<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2023"/>
City DALLAS	State TX	Zip Code 75219-3913
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11A.128219
Name of Employer (for Individual) CROW HOLDINGS		Amount of Each Receipt this Period <input type="text" value="100000.00"/>
Occupation (for Individual) INVESTOR		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="100000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. CLARK, ALFRED, C., ,		Date of Receipt
Mailing Address 210 KAWAMA LANE		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2023"/>
City PALM BEACH	State FL	Zip Code 33480-3615
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11A.128241
Name of Employer (for Individual) ABERDEEN, INC.		Amount of Each Receipt this Period <input type="text" value="50000.00"/>
Occupation (for Individual) PRESIDENT		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="50000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. SKYBRIDGE CAPITAL II, LLC		Date of Receipt
Mailing Address 527 MADISON AVE 4TH FL		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2023"/>
City NEW YORK	State NY	Zip Code 10022-4374
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11A.128230
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="100000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="100000.00"/>	SEE ATTRIBUTION BELOW

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="250000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
TELL IT LIKE IT IS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. SCARAMUCCI, ANTHONY, , ,			Date of Receipt MM / DD / YYYY 06 / 21 / 2023 Transaction ID : SA11A.135622
Mailing Address 527 MADISON AVENUE FLOOR 16			Amount of Each Receipt this Period 100000.00
City NEW YORK	State NY	Zip Code 10022	<input checked="" type="checkbox"/> Memo Item CONTRIBUTION PARTNERSHIP ATTRIBUTION
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 100000.00	
Name of Employer (for Individual) SKYBRIDGE CAPITAL II, LLC		Occupation (for Individual) PARTNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HERRO, DAVID, , ,			Date of Receipt MM / DD / YYYY 06 / 22 / 2023 Transaction ID : SA11A.128203
Mailing Address 1000 S POINTE DR			Amount of Each Receipt this Period 15000.00
City MIAMI BEACH	State FL	Zip Code 33139-7319	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 15000.00	
Name of Employer (for Individual) HALP		Occupation (for Individual) INV MANAGEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MARINO TORTORELLA AND BOYLE PC			Date of Receipt MM / DD / YYYY 06 / 26 / 2023 Transaction ID : SA11A.128231
Mailing Address 1 NEWARK CTR STE 1600			Amount of Each Receipt this Period 25000.00
City NEWARK	State NJ	Zip Code 07102-5235	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 25000.00	
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....▶	40000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
TELL IT LIKE IT IS PAC

A. TERMINAL HOLDINGS LP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 SOUTH KING ST

City GLOUCESTER CITY	State NJ	Zip Code 08030-1947
-------------------------	-------------	------------------------

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 ▼
100000.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2023

Transaction ID : SA11A.128232

Amount of Each Receipt this Period
100000.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW

B. HOLT, LEO, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 WALNUT STREET

City PHILADELPHIA	State PA	Zip Code 19106
----------------------	-------------	-------------------

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

Name of Employer (for Individual) TERMINAL HOLDINGS LP	Occupation (for Individual) PARTNER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
33333.33

Date of Receipt
MM / DD / YYYY
06 / 27 / 2023

Transaction ID : SA11A.136105

Amount of Each Receipt this Period
33333.33

Memo Item
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

C. HOLT, MICHAEL, , , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1321 SADDLEBROOK LANE

City HUNTINGTON VALLEY	State PA	Zip Code 19006-3700
---------------------------	-------------	------------------------

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

Name of Employer (for Individual) TERMINAL HOLDINGS LP	Occupation (for Individual) PARTNER
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
33333.33

Date of Receipt
MM / DD / YYYY
06 / 27 / 2023

Transaction ID : SA11A.136106

Amount of Each Receipt this Period
33333.33

Memo Item
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	100000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)
TELL IT LIKE IT IS PAC

A. HOLT, TOM, , , JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11614 LAKE HOUSE COURT

City NORTH PALM BEACH	State FL	Zip Code 33408-3318
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) TERMINAL HOLDINGS LP	Occupation (for Individual) PARTNER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
33333.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2023

Transaction ID : SA11A.136104

Amount of Each Receipt this Period
33333.34

Memo Item
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

B. BROCKWAY, PETER, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 443 ROYAL PALM WAY

City BOCA RATON	State FL	Zip Code 33432-7945
--------------------	-------------	------------------------

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

Name of Employer (for Individual) BROCKWAY MORAN PARTNERS	Occupation (for Individual) FINANCIAL EXECUTIVE
--	--

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
06		28		2023

Transaction ID : SA11A.128205

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C. KOVNER, BRUCE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 295 S BEACH RD

City HOBE SOUND	State FL	Zip Code 33455-2604
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CAM CAPITAL	Occupation (for Individual) CHAIRMAN
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2023

Transaction ID : SA11A.128220

Amount of Each Receipt this Period
250000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	252500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)
TELL IT LIKE IT IS PAC

A. MACLEAN-FOGG COMPANY
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 ALLANSON RD
 City MUNDELEIN State IL Zip Code 60060-3804
 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 ▼ 50000.00

Date of Receipt 06 / 28 / 2023
Transaction ID : SA11A.128233
 Amount of Each Receipt this Period 50000.00
 Memo Item
CONTRIBUTION

B. STEFANOWSKI, AMY, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1046 BOSTON POST RD
 City MADISON State CT Zip Code 06443-3336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 SOUND HOMES HOME REMODELER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 06 / 29 / 2023
Transaction ID : SA11A.128221
 Amount of Each Receipt this Period 50000.00
 Memo Item
CONTRIBUTION

C. PUBLIC SERVICES ENTERPRISE GROUP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 80 PARK PLACE, T4
 City NEWARK State NJ Zip Code 07102-4109
 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 ▼ 250000.00

Date of Receipt 06 / 29 / 2023
Transaction ID : SA11A.128239
 Amount of Each Receipt this Period 250000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	350000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)
TELL IT LIKE IT IS PAC

A. BUTLER, GREG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 OLD COUNTRY RD
 City WOODBRIDGE State CT Zip Code 06525-1600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EVERSOURCE ENERGY Occupation (for Individual) EVP GENERAL COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : SA11A.128206
 Amount of Each Receipt this Period
 50000.00
 Memo Item
 CONTRIBUTION

B. FULLER, THOMAS, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 SOUTH AVE EAST
 City WESTFIELD State NJ Zip Code 07090-1456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : SA11A.128223
 Amount of Each Receipt this Period
 25000.00
 Memo Item
 CONTRIBUTION

C. PALATUCCI, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address FOUR GATEWAY CENTER, 100 MULBERRY
 City NEWARK State NJ Zip Code 07102-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MCCARTER & ENGLISH LLP Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : SA11A.128222
 Amount of Each Receipt this Period
 10000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	85000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
TELL IT LIKE IT IS PAC

A. STACHENFELD, BRUCE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 ROLLING HILL DR
 City CHATHAM State NJ Zip Code 07928-1609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ADLER & STACHENFELD LLP Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 06 / 30 / 2023
Transaction ID : SA11A.128224
 Amount of Each Receipt this Period 50000.00
 Memo Item CONTRIBUTION

B. YASS, JEFF, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 E CITY AVE STE 220
 City BALA CYNWYD State PA Zip Code 19004-1117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SIG Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt 06 / 30 / 2023
Transaction ID : SA11A.128225
 Amount of Each Receipt this Period 250000.00
 Memo Item CONTRIBUTION

C. COLLET & ASSOCIATES, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4151 N MULBERRY DR STE 245
 City KANSAS CITY State MO Zip Code 64116-4600
 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 ▼ 6700.00

Date of Receipt 06 / 30 / 2023
Transaction ID : SA11A.128234
 Amount of Each Receipt this Period 6700.00
 Memo Item CONTRIBUTION
 SEE ATTRIBUTION BELOW

SUBTOTAL of Receipts This Page (optional).....▶	306700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)
TELL IT LIKE IT IS PAC

A. COLLET, BILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4151 N MULBERRY DR STE 245
 City KANSAS CITY State MO Zip Code 64116-4600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) COLLET & ASSOCIATES, LLC Occupation (for Individual) PARTNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 6700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : SA11A.136107
 Amount of Each Receipt this Period
 6700.00
 Memo Item
 CONTRIBUTION
 PARTNERSHIP ATTRIBUTION

B. SHBT LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 S WOODROW LANE #700
 City DENTON State TX Zip Code 76205-6331
 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 ▼ 1000000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : SA11A.128240
 Amount of Each Receipt this Period
 1000000.00
 Memo Item
 CONTRIBUTION
 LLC TAXED AS CORPORATION

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000000.00
TOTAL This Period (last page this line number only).....▶	5316230.58

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 41
<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

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)
TELL IT LIKE IT IS PAC

A. WORKING FOR WORKING AMERICANS

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

Mailing Address 101 CONSTITUTION AVE NW 10 FL

City WASHINGTON	State DC	Zip Code 20001-2153
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00490847

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2023

Transaction ID : SA11C.128242

Amount of Each Receipt this Period
50000.00

Memo Item
CONTRIBUTION

B. DEFENDING DEMOCRACY TOGETHER

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

Mailing Address 925 15TH ST NW FL 5

City WASHINGTON	State DC	Zip Code 20005-2303
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C90019316

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2023

Transaction ID : SA11C.128243

Amount of Each Receipt this Period
500000.00

Memo Item
CONTRIBUTION

C.

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	550000.00
TOTAL This Period (last page this line number only).....▶	550000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 41
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input checked="" 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)
TELL IT LIKE IT IS PAC

A. LOCAL 102 PAC

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

Mailing Address 50 PARSIPPANY RD

City PARSIPPANY	State NJ	Zip Code 07054-2740
--------------------	-------------	------------------------

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 ▼
20000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2023

Transaction ID : SA11C.128235

Amount of Each Receipt this Period
20000.00

Memo Item
NONFEDERAL CONTRIBUTION

B.

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

C.

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	20000.00
TOTAL This Period (last page this line number only).....▶	20000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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)
TELL IT LIKE IT IS PAC

Full Name (Last, First, Middle Initial)

A. STRATEGIC PARTNERS & MEDIA, LLC

Mailing Address 1851A MCGUCKIAN STREET

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement
PREPAID MEDIA PRODUCTION

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2023

FEC Identification Number

C

Transaction ID : SB21B.12

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES, LLC

Mailing Address 1776 WILSON BLVD STE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2023

FEC Identification Number

C

Transaction ID : SB21B.15

Amount of Each Disbursement this Period

970.66

Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES, LLC

Mailing Address 1776 WILSON BLVD STE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2023

FEC Identification Number

C

Transaction ID : SB21B.16

Amount of Each Disbursement this Period

806.82

Memo Item

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

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

4777.48

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

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

FOR LINE NUMBER:
(check only one)

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

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)
TELL IT LIKE IT IS PAC

Full Name (Last, First, Middle Initial)

A. HARBOR COMPLIANCE SERVICES

Mailing Address 1104 WEST BROAD STREET #1133

City FALLS CHURCH State VA Zip Code 22046

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2023

FEC Identification Number

C

Transaction ID : SB21B.10

Amount of Each Disbursement this Period

3892.50

Memo Item

Full Name (Last, First, Middle Initial)

B. CBC STRATEGIES, LLC

Mailing Address 5196 AFTON WAY

City SMYRNA State GA Zip Code 30080

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2023

FEC Identification Number

C

Transaction ID : SB21B.01

Amount of Each Disbursement this Period

25000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. STRATEGIC PARTNERS & MEDIA, LLC

Mailing Address 1851A MCGUCKIAN STREET

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement
COMMUNICATIONS CONSULTING / DIGITAL MEDIA CONSULTING /
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2023

FEC Identification Number

C

Transaction ID : SB21B.13

Amount of Each Disbursement this Period

24500.00

Memo Item

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

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

53392.50

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

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

FOR LINE NUMBER:
(check only one)

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

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)
TELL IT LIKE IT IS PAC

Full Name (Last, First, Middle Initial)

A. STRATEGIC PARTNERS & MEDIA, LLC

Mailing Address 1851A MCGUCKIAN STREET

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement COMMUNICATIONS CONSULTING / DATA SUBSCRIPTION SERVICES / POLITICAL STRATEGY CONSULTING / WEB SERVICE
Candidate Name

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

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2023

FEC Identification Number

C

Transaction ID : SB21B.14

Amount of Each Disbursement this Period

56050.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES, LLC

Mailing Address 1776 WILSON BLVD STE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement CREDIT CARD PROCESSING FEES
Candidate Name

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

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2023

FEC Identification Number

C

Transaction ID : SB21B.19

Amount of Each Disbursement this Period

480.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PURPURO, LAWRENCE, J, ,

Mailing Address 503 SUMMERS COURT

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement RESEARCH CONSULTING
Candidate Name

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

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2023

FEC Identification Number

C

Transaction ID : SB21B.22

Amount of Each Disbursement this Period

2675.00

Memo Item

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

59205.00

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

117374.98

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 28 OF 41
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
TELL IT LIKE IT IS PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor POLITICOIN			Nature of Debt (Purpose): SMS MESSAGING
Mailing Address PO BOX 532			
City MOUNT FREEDOM	State NJ	Zip Code 07970	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.1	
Amount Incurred This Period 912.08	Payment This Period 0.00	Outstanding Balance at Close of This Period 912.08

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor POLITICOIN			Nature of Debt (Purpose): SMS MESSAGING
Mailing Address PO BOX 532			
City MOUNT FREEDOM	State NJ	Zip Code 07970	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.2	
Amount Incurred This Period 896.63	Payment This Period 0.00	Outstanding Balance at Close of This Period 896.63

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor POLITICOIN			Nature of Debt (Purpose): SMS MESSAGING
Mailing Address PO BOX 532			
City MOUNT FREEDOM	State NJ	Zip Code 07970	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.3	
Amount Incurred This Period 883.79	Payment This Period 0.00	Outstanding Balance at Close of This Period 883.79

1) SUBTOTALS This Period This Page (optional)..... ▶	2692.50
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 29 OF 41
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
TELL IT LIKE IT IS PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor POLITICOIN			Nature of Debt (Purpose): SMS MESSAGING
Mailing Address PO BOX 532			
City MOUNT FREEDOM	State NJ	Zip Code 07970	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4	
Amount Incurred This Period 1404.97	Payment This Period 0.00	Outstanding Balance at Close of This Period 1404.97

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor POLITICOIN			Nature of Debt (Purpose): SMS MESSAGING
Mailing Address PO BOX 532			
City MOUNT FREEDOM	State NJ	Zip Code 07970	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5	
Amount Incurred This Period 1011.90	Payment This Period 0.00	Outstanding Balance at Close of This Period 1011.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor POLITICOIN			Nature of Debt (Purpose): SMS MESSAGING
Mailing Address PO BOX 532			
City MOUNT FREEDOM	State NJ	Zip Code 07970	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.6	
Amount Incurred This Period 1432.57	Payment This Period 0.00	Outstanding Balance at Close of This Period 1432.57

1) SUBTOTALS This Period This Page (optional)..... ▶	3849.44
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 30 OF 41
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
TELL IT LIKE IT IS PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor POLITICOIN			Nature of Debt (Purpose): SMS MESSAGING
Mailing Address PO BOX 532			
City MOUNT FREEDOM	State NJ	Zip Code 07970	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.7	
Amount Incurred This Period 980.30	Payment This Period 0.00	Outstanding Balance at Close of This Period 980.30

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor STRATEGIC PARTNERS & MEDIA, LLC			Nature of Debt (Purpose): MEDIA PRODUCTION
Mailing Address 1851A MCGUCKIAN STREET			
City ANNAPOLIS	State MD	Zip Code 21401	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.8	
Amount Incurred This Period 2500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period	Transaction ID :	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	3480.30
2) TOTALS This Period (last page this line number only)..... ▶	10022.24
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	10022.24

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TELL IT LIKE IT IS PAC
FEC IDENTIFICATION NUMBER C C00841593

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee POLITICOIN
Mailing Address PO BOX 532
City MOUNT FREEDOM State NJ Zip Code 07970
Purpose of Expenditure SMS MESSAGING
Date of Public Distribution/Dissemination 06/06/2023
Amount 55138.47
Transaction ID : SE.1
Date of Disbursement or Obligation 06/06/2023

Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J,
Support Oppose
Office Sought: President Senate State: IA
Disbursement For: Primary General 2024 Other (specify)

Full Name of Payee POLITICOIN
Mailing Address PO BOX 532
City MOUNT FREEDOM State NJ Zip Code 07970
Purpose of Expenditure SMS MESSAGING / EMAILS
Date of Public Distribution/Dissemination 06/06/2023
Amount 52909.17
Transaction ID : SE.2
Date of Disbursement or Obligation 06/08/2023

Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J,
Support Oppose
Office Sought: President Senate State: IA
Disbursement For: Primary General 2024 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 108047.64
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GELTRUDE, DAN, ,

[Electronically Filed]

Date 07/31/2023

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TELL IT LIKE IT IS PAC
FEC IDENTIFICATION NUMBER C C00841593

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee STRATEGIC PARTNERS & MEDIA, LLC
Mailing Address 1851A MCGUCKIAN STREET
City ANNAPOLIS State MD Zip Code 21401
Purpose of Expenditure MEDIA PRODUCTION / MEDIA PLACEMENT
Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J,
Calendar Year-To-Date Per Election for Office Sought 141547.64
Disbursement For: Primary

Full Name of Payee STRATEGIC PARTNERS & MEDIA, LLC
Mailing Address 1851A MCGUCKIAN STREET
City ANNAPOLIS State MD Zip Code 21401
Purpose of Expenditure MEDIA PRODUCTION / MEDIA PLACEMENT
Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J,
Calendar Year-To-Date Per Election for Office Sought 39500.00
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 73000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GELTRUDE, DAN, ,

[Electronically Filed]

Date 07 / 31 / 2023

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TELL IT LIKE IT IS PAC
FEC IDENTIFICATION NUMBER C C00841593

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee RED RIGHT MEDIA
Mailing Address PO BOX 2274
City ARLINGTON State VA Zip Code 22202
Purpose of Expenditure MEDIA PLACEMENT
Date of Public Distribution/Dissemination 06/11/2023
Amount 3360.00
Transaction ID : SE.5
Date of Disbursement or Obligation 06/08/2023

Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J,
Support Oppose
Office Sought: President Senate State: NH
Disbursement For: Primary General 2024 Other (specify)

Full Name of Payee STRATEGIC PARTNERS & MEDIA, LLC
Mailing Address 1851A MCGUCKIAN STREET
City ANNAPOLIS State MD Zip Code 21401
Purpose of Expenditure MEDIA PRODUCTION
Date of Public Distribution/Dissemination 06/11/2023
Amount 20000.00
Transaction ID : SE.6
Date of Disbursement or Obligation 06/13/2023

Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J,
Support Oppose
Office Sought: President Senate State: NH
Disbursement For: Primary General 2024 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 23360.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GELTRUDE, DAN, ,

[Electronically Filed]

Date 07/31/2023

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TELL IT LIKE IT IS PAC
FEC IDENTIFICATION NUMBER C C00841593

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee STRATEGIC PARTNERS & MEDIA, LLC
Mailing Address 1851A MCGUCKIAN STREET
City ANNAPOLIS State MD Zip Code 21401
Purpose of Expenditure MEDIA PRODUCTION / MEDIA PLACEMENT / SMS MESSAGING
Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J, Support
Date of Public Distribution/Dissemination 06 / 11 / 2023
Amount 15000.00
Transaction ID : SE.7
Date of Disbursement or Obligation 06 / 08 / 2023
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 156547.64

Full Name of Payee STRATEGIC PARTNERS & MEDIA, LLC
Mailing Address 1851A MCGUCKIAN STREET
City ANNAPOLIS State MD Zip Code 21401
Purpose of Expenditure MEDIA PLACEMENT
Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J, Support
Date of Public Distribution/Dissemination 06 / 16 / 2023
Amount 10000.00
Transaction ID : SE.8
Date of Disbursement or Obligation 06 / 15 / 2023
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 168356.35

(a) SUBTOTAL of Itemized Independent Expenditures 25000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GELTRUDE, DAN, ,

[Electronically Filed]

Date 07 / 31 / 2023

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TELL IT LIKE IT IS PAC
FEC IDENTIFICATION NUMBER C C00841593

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee STRATEGIC PARTNERS & MEDIA, LLC
Mailing Address 1851A MCGUCKIAN STREET
City ANNAPOLIS State MD Zip Code 21401
Purpose of Expenditure MEDIA PLACEMENT / SMS MESSAGING
Date of Public Distribution/Dissemination 06 / 18 / 2023
Amount 20000.00
Transaction ID : SE.9
Date of Disbursement or Obligation 06 / 15 / 2023

Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J,
Support Oppose
Office Sought: President Senate State: IA
Disbursement For: Primary General 2024
Other (specify)

Full Name of Payee RED RIGHT MEDIA
Mailing Address PO BOX 2274
City ARLINGTON State VA Zip Code 22202
Purpose of Expenditure MEDIA PLACEMENT
Date of Public Distribution/Dissemination 06 / 18 / 2023
Amount 3360.00
Transaction ID : SE.10
Date of Disbursement or Obligation 06 / 16 / 2023

Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J,
Support Oppose
Office Sought: President Senate State: NH
Disbursement For: Primary General 2024
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 23360.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GELTRUDE, DAN, ,

[Electronically Filed]

Date 07 / 31 / 2023

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TELL IT LIKE IT IS PAC
FEC IDENTIFICATION NUMBER C C00841593

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee STRATEGIC PARTNERS & MEDIA, LLC
Mailing Address 1851A MCGUCKIAN STREET
City ANNAPOLIS State MD Zip Code 21401
Purpose of Expenditure MEDIA PLACEMENT
Date of Public Distribution/Dissemination 06/18/2023
Amount 22500.00
Transaction ID : SE.11
Date of Disbursement or Obligation 06/16/2023

Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J,
Support Oppose
Office Sought: President Senate State: NH
Disbursement For: Primary General 2024
Other (specify)

Full Name of Payee STRATEGIC PARTNERS & MEDIA, LLC
Mailing Address 1851A MCGUCKIAN STREET
City ANNAPOLIS State MD Zip Code 21401
Purpose of Expenditure MEDIA PRODUCTION / MEDIA PLACEMENT
Date of Public Distribution/Dissemination 06/22/2023
Amount 6000.00
Transaction ID : SE.12
Date of Disbursement or Obligation 06/22/2023

Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J,
Support Oppose
Office Sought: President Senate State: NH
Disbursement For: Primary General 2024
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 28500.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GELTRUDE, DAN, ,

[Electronically Filed]

Date 07/31/2023

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TELL IT LIKE IT IS PAC
FEC IDENTIFICATION NUMBER C C00841593

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee STRATEGIC PARTNERS & MEDIA, LLC
Mailing Address 1851A MCGUCKIAN STREET
City ANNAPOLIS State MD Zip Code 21401
Purpose of Expenditure MEDIA PRODUCTION / MEDIA PLACEMENT
Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J,
Calendar Year-To-Date Per Election for Office Sought 6000.00
Disbursement For: Primary

Full Name of Payee STRATEGIC PARTNERS & MEDIA, LLC
Mailing Address 1851A MCGUCKIAN STREET
City ANNAPOLIS State MD Zip Code 21401
Purpose of Expenditure MEDIA PLACEMENT / SMS MESSAGING
Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J,
Calendar Year-To-Date Per Election for Office Sought 213145.11
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 28500.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GELTRUDE, DAN, ,

[Electronically Filed]

Date 07 / 31 / 2023

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TELL IT LIKE IT IS PAC
FEC IDENTIFICATION NUMBER C C00841593

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee POLITICOIN
Mailing Address PO BOX 532
City MOUNT FREEDOM State NJ Zip Code 07970
Purpose of Expenditure SMS MESSAGING
Date of Public Distribution/Dissemination 06/14/2023
Amount 912.08
Transaction ID : SE.15
Date of Disbursement or Obligation 06/14/2023

Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J,
Support Oppose
Office Sought: President Senate State: IA
Disbursement For: Primary General 2024 Other (specify)

Full Name of Payee POLITICOIN
Mailing Address PO BOX 532
City MOUNT FREEDOM State NJ Zip Code 07970
Purpose of Expenditure SMS MESSAGING
Date of Public Distribution/Dissemination 06/16/2023
Amount 896.63
Transaction ID : SE.16
Date of Disbursement or Obligation 06/16/2023

Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J,
Support Oppose
Office Sought: President Senate State: IA
Disbursement For: Primary General 2024 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GELTRUDE, DAN, ,

[Electronically Filed]

Date 07/31/2023

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TELL IT LIKE IT IS PAC
FEC IDENTIFICATION NUMBER C C00841593

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee POLITICOIN
Mailing Address PO BOX 532
City MOUNT FREEDOM State NJ Zip Code 07970
Purpose of Expenditure SMS MESSAGING
Date of Public Distribution/Dissemination 06/17/2023
Amount 883.79
Transaction ID: SE.17
Date of Disbursement or Obligation 06/17/2023

Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J,
Support Oppose
Office Sought: President Senate State: IA
Disbursement For: Primary General 2024 Other (specify)

Full Name of Payee POLITICOIN
Mailing Address PO BOX 532
City MOUNT FREEDOM State NJ Zip Code 07970
Purpose of Expenditure SMS MESSAGING
Date of Public Distribution/Dissemination 06/23/2023
Amount 1404.97
Transaction ID: SE.18
Date of Disbursement or Obligation 06/23/2023

Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J,
Support Oppose
Office Sought: President Senate State: IA
Disbursement For: Primary General 2024 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GELTRUDE, DAN, ,

[Electronically Filed]

Date 07/31/2023

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TELL IT LIKE IT IS PAC
FEC IDENTIFICATION NUMBER C C00841593

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee POLITICOIN
Mailing Address PO BOX 532
City MOUNT FREEDOM State NJ Zip Code 07970
Purpose of Expenditure SMS MESSAGING
Date of Public Distribution/Dissemination 06/27/2023
Amount 1011.90
Transaction ID: SE.19
Date of Disbursement or Obligation 06/27/2023

Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J,
Support Oppose
Office Sought: President Senate State: IA
Disbursement For: Primary General 2024 Other (specify)

Full Name of Payee POLITICOIN
Mailing Address PO BOX 532
City MOUNT FREEDOM State NJ Zip Code 07970
Purpose of Expenditure SMS MESSAGING
Date of Public Distribution/Dissemination 06/28/2023
Amount 1432.57
Transaction ID: SE.20
Date of Disbursement or Obligation 06/28/2023

Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J,
Support Oppose
Office Sought: President Senate State: IA
Disbursement For: Primary General 2024 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GELTRUDE, DAN, ,

[Electronically Filed]

Date 07/31/2023

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TELL IT LIKE IT IS PAC
FEC IDENTIFICATION NUMBER C C00841593

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee POLITICOIN Memo Item
Mailing Address PO BOX 532
City MOUNT FREEDOM State NJ Zip Code 07970
Purpose of Expenditure SMS MESSAGING Category/Type
Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J, Support
Office Sought: President State: IA
Calendar Year-To-Date Per Election for Office Sought 219069.88
Disbursement For: Primary General 2024

Full Name of Payee STRATEGIC PARTNERS & MEDIA, LLC Memo Item
Mailing Address 1851A MCGUCKIAN STREET
City ANNAPOLIS State MD Zip Code 21401
Purpose of Expenditure MEDIA PRODUCTION Category/Type
Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J, Support
Office Sought: President State: IA
Calendar Year-To-Date Per Election for Office Sought 216657.01
Disbursement For: Primary General 2024

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 0.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 309767.64

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GELTRUDE, DAN, ,

[Electronically Filed]

Date 07 / 31 / 2023

Signature