

**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

KRIMSON POLITICAL ACTION COUNCIL LLC

ADDRESS (number and street)

4469 CABINWOOD TURN

Check if different  
than previously  
reported. (ACC)

DOUGLASVILLE

GA

30135

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00785774

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer

Blue, Gregory, , ,

Signature of Treasurer

Blue, Gregory, , ,

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

**KRIMSON POLITICAL ACTION COUNCIL LLC**Report Covering the Period: From:  01 /  01 /  2024 To:  03 /  31 /  2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input data-bbox="418 552 581 602" type="text" value="YYYY"/> 2024		<input data-bbox="1105 552 1528 602" type="text" value="9999.99"/> 9482.46
(b) Cash on Hand at Beginning of Reporting Period.....	<input data-bbox="626 646 1049 697" type="text" value="9999.99"/> 9482.46	
(c) Total Receipts (from Line 19) .....	<input data-bbox="626 741 1049 791" type="text" value="9999.99"/> 27187.94	<input data-bbox="1105 741 1528 791" type="text" value="9999.99"/> 27187.94
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input data-bbox="626 867 1049 917" type="text" value="9999.99"/> 36670.40	<input data-bbox="1105 867 1528 917" type="text" value="9999.99"/> 36670.40
7. Total Disbursements (from Line 31) .....	<input data-bbox="626 961 1049 1012" type="text" value="9999.99"/> 27466.73	<input data-bbox="1105 961 1528 1012" type="text" value="9999.99"/> 27466.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<input data-bbox="626 1087 1049 1138" type="text" value="9999.99"/> 9203.67	<input data-bbox="1105 1087 1528 1138" type="text" value="9999.99"/> 9203.67
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input data-bbox="626 1213 1049 1264" type="text" value="9999.99"/> 0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input data-bbox="626 1339 1049 1390" type="text" value="9999.99"/> 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](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**KRIMSON POLITICAL ACTION COUNCIL LLC**

Report Covering the Period:

From:

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

To:

M M / D D / Y Y Y Y  
03 31 2024**I. Receipts****COLUMN A**  
**Total This Period****COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

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

9240.00

9240.00

(ii) Unitemized .....

1947.35

1947.35

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

11187.35

11187.35

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

1000.00

1000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

12187.35

12187.35

## 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.).....

15000.59

15000.59

## 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)) .....

27187.94

27187.94

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

27187.94

27187.94

**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 .....	6893.94	6893.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6893.94	6893.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	20572.79	20572.79
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)) ..	27466.73	27466.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27466.73	27466.73

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	12187.35	12187.35
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12187.35	12187.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	6893.94	6893.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	6893.94	6893.94

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 25  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

**KRIMSON POLITICAL ACTION COUNCIL LLC**

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

**A. Adams, Bessye, , ,**Mailing Address 523 Breton Drive  
0City  
Grand PrairieState  
TXZip Code  
75052FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Desoto ISDOccupation (for Individual)  
CFO

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  
01 / 28 / 2024

Transaction ID : SA11AI.4983

Amount of Each Receipt this Period

500.00

☐ Memo Item

Conduit: ActBlue

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

**B. Barton, Paige, , ,**Mailing Address 15758 Seabolt  
0City  
AddisonState  
TXZip Code  
75001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TMNAOccupation (for Individual)  
Manager

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  
01 / 21 / 2024

Transaction ID : SA11AI.4945

Amount of Each Receipt this Period

500.00

☐ Memo Item

Conduit: ActBlue

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

**C. Blue, Gregory, , ,**

Mailing Address 3725 Macon Road

City  
ColumbusState  
GAZip Code  
31907FEC 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 08 / 2024

Transaction ID : SA11AI.5058

Amount of Each Receipt this Period

240.00

☐ Memo Item

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

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

1240.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 25  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**KRIMSON POLITICAL ACTION COUNCIL LLC**

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

**A. Burks, Archie, , ,**Mailing Address 1316 ELISE  
0City  
Cedar HillState  
TXZip Code  
75104FEC ID number of contributing  
federal political committee.

C

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

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  
03 / 17 / 2024

Transaction ID : SA11AI.5023

Amount of Each Receipt this Period

250.00

☐ Memo Item

Conduit: ActBlue

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

**B. E Blackmon, Vince, , ,**Mailing Address 106 Antler Court  
0City  
ElizabethtownState  
KYZip Code  
42701FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SAICOccupation (for Individual)  
Business Process Analyst

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  
03 / 24 / 2024

Transaction ID : SA11AI.5044

Amount of Each Receipt this Period

500.00

☐ Memo Item

Conduit: ActBlue

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

**C. Fields, Billy, , ,**Mailing Address 4256 Ireland Drive  
0City  
The ColonyState  
TXZip Code  
75056FEC ID number of contributing  
federal political committee.

C

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

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  
01 / 07 / 2024

Transaction ID : SA11AI.4929

Amount of Each Receipt this Period

250.00

☐ Memo Item

Conduit: ActBlue

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

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 25  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**KRIMSON POLITICAL ACTION COUNCIL LLC**

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

**A. Fitzgerald, Darrick, , ,**Mailing Address 627 Havencrest Ln  
0City  
CoppellState  
TXZip Code  
75019FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Verizon WirelessOccupation (for Individual)  
Logistics

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  
01 / 21 / 2024

Transaction ID : SA11AI.4977

Amount of Each Receipt this Period

500.00

☐ Memo Item

Conduit: ActBlue

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

**B. Gray, Jamie, , ,**Mailing Address PO Box 90782  
0City  
East PointState  
GAZip Code  
30364FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
U.S. ArmyOccupation (for Individual)  
Healthcare Admin

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  
03 / 24 / 2024

Transaction ID : SA11AI.5038

Amount of Each Receipt this Period

500.00

☐ Memo Item

Conduit: ActBlue

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

**C. Green, Derek, , ,**

Mailing Address 7151 Boyer Street

City  
PhiladelphiaState  
PAZip Code  
19119FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Obermayer Rebmann MaxwellOccupation (for Individual)  
Attorney

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  
01 / 02 / 2024

Transaction ID : SA11AI.6231

Amount of Each Receipt this Period

500.00

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

1500.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 25  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**KRIMSON POLITICAL ACTION COUNCIL LLC**

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

**A. Harris, Vincent, , ,**Mailing Address 24 Mayberry CV  
0City  
JacksonState  
TNZip Code  
38305FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HoneywellOccupation (for Individual)  
Field Service Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2024

Transaction ID : SA11AI.5036

Amount of Each Receipt this Period

500.00

☐ Memo Item

Conduit: ActBlue

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

**B. Hill, Cedric, , ,**Mailing Address 3418 Brimwood Drive  
0City  
HoustonState  
TXZip Code  
77068FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Department of Veyeran AffaorsOccupation (for Individual)  
Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 21 / 2024

Transaction ID : SA11AI.4971

Amount of Each Receipt this Period

500.00

☐ Memo Item

Conduit: ActBlue

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

**C. Hughes, Lawrence, , ,**Mailing Address 876 Cipriani Drive  
0City  
FriscoState  
TXZip Code  
75036FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
7-Eleven Inc.Occupation (for Individual)  
Retail Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 21 / 2024

Transaction ID : SA11AI.4967

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Conduit: ActBlue

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

2000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 25  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**KRIMSON POLITICAL ACTION COUNCIL LLC**

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

**A. Jackson, Maxie, , ,**

Mailing Address 133 Loree Dr.

City  
East LansingState  
MIZip Code  
48823FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EducatorOccupation (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  
02 / 26 / 2024

Transaction ID : SA11AI.5059

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. Jones, Jimmy, , ,**Mailing Address 7741 S Euclid Avenue  
0City  
ChicagoState  
ILZip Code  
60649FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DARJON Enterprises LLCOccupation (for Individual)  
Attorney and Consultant

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  
03 / 17 / 2024

Transaction ID : SA11AI.5020

Amount of Each Receipt this Period

500.00

☐ Memo Item

Conduit: ActBlue

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

**C. Perry, DeWan, , ,**Mailing Address 616 Green Castle  
0City  
DallasState  
TXZip Code  
75232FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CookChildrensOccupation (for Individual)  
RN

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  
01 / 21 / 2024

Transaction ID : SA11AI.4961

Amount of Each Receipt this Period

500.00

☐ Memo Item

Conduit: ActBlue

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

1500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 25  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**KRIMSON POLITICAL ACTION COUNCIL LLC**

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

**A. Pugh, Aaron, , ,**Mailing Address 4041 Blue Sage Dr  
0City  
ProsperState  
TXZip Code  
75078FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wells FargoOccupation (for Individual)  
Risk Management

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  
01 / 21 / 2024

Transaction ID : SA11AI.4943

Amount of Each Receipt this Period

500.00

☐ Memo Item

Conduit: ActBlue

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

**B. ROBERTS, MICHAEL, , ,**Mailing Address 5025 LINDELL  
0City  
St. LouisState  
MOZip Code  
63108FEC ID number of contributing  
federal political committee.

C

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

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  
01 / 28 / 2024

Transaction ID : SA11AI.4981

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Conduit: ActBlue

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

**C. Sims, Oliver, , ,**Mailing Address 1440 Parkwood Dr.  
0City  
CarrolltonState  
TXZip Code  
75007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BroadcomOccupation (for Individual)  
Sales Leader

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  
01 / 21 / 2024

Transaction ID : SA11AI.4973

Amount of Each Receipt this Period

500.00

☐ Memo Item

Conduit: ActBlue

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

2000.00

9240.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 25  
(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)

**KRIMSON POLITICAL ACTION COUNCIL LLC**

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

**A. ACTBLUE**

Mailing Address PO BOX 441146

City  
SOMERVILLEState  
MAZip Code  
02144FEC ID number of contributing  
federal political committee.**C**

C00401224

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  
03 / 31 / 2024**Transaction ID : SA11C.5061**

Amount of Each Receipt this Period

9860.65

☒ Memo Item

Total Transmitted by Conduit in this Reporting Period

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

**B. CLEAN AND PROSPEROUS AMERICA PAC**

Mailing Address 2937 54TH AVE SW

City  
TUMWATERState  
WAZip Code  
98512FEC ID number of contributing  
federal political committee.**C**

C00760900

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2024**Transaction ID : SA11C.6248**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C.**

Mailing Address

City

State

Zip Code

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

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ 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)..... ►

1000.00

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

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 25  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**KRIMSON POLITICAL ACTION COUNCIL LLC**

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

**A.** Raxton, Martin, William, ,

Mailing Address 4469 Cabinwood Turn

City  
DouglasvilleState  
GAZip Code  
30135FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NCROccupation (for Individual)  
Senior Program Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2024

Transaction ID : SA17.5057

Amount of Each Receipt this Period

15000.00

☐ Memo Item

IE Only Account

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)..... ►

15000.00

15000.00

**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 14 OF 25

<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)

**KRIMSON POLITICAL ACTION COUNCIL LLC**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 322 Summer St

City  
SomervilleState  
MAZip Code  
02144

Purpose of Disbursement

Credit Card Processing Fees

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	1			3	1			2	0	2	4		

FEC Identification Number

**C** **Transaction ID : SB21B.5052**

Amount of Each Disbursement this Period

 251.45☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 322 Summer St

City  
SomervilleState  
MAZip Code  
02144

Purpose of Disbursement

Credit Card Processing Fees

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	2			2	9			2	0	2	4		

FEC Identification Number

**C** **Transaction ID : SB21B.5053**

Amount of Each Disbursement this Period

 21.52☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 322 Summer St

City  
SomervilleState  
MAZip Code  
02144

Purpose of Disbursement

Credit Card Processing Fees

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	3			3	1			2	0	2	4		

FEC Identification Number

**C** **Transaction ID : SB21B.5054**

Amount of Each Disbursement this Period

 116.34☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 389.31

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

PAGE 15 OF 25

<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)

**KRIMSON POLITICAL ACTION COUNCIL LLC**

Full Name (Last, First, Middle Initial)

**A. Atlanta Black Chambers**

Mailing Address 384 Northyards Boulevard NW

City  
AtlantaState  
GAZip Code  
30313

Purpose of Disbursement

Membership Fee

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	2			1	4			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.4854**

Amount of Each Disbursement this Period

295.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Black Box Political Consulting**

Mailing Address 39 Audobon Dr.

City  
AmherstState  
VAZip Code  
14226

Purpose of Disbursement

Public Relations Consulting &amp; Event Planning

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	2			0	2			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.4841**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Crown Plaza New Orleans**

Mailing Address 739 Canal St.

City  
New OrleansState  
LAZip Code  
70130

Purpose of Disbursement

Travel Expenses

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	1			0	8			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.4811**

Amount of Each Disbursement this Period

379.33

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

924.33

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

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

PAGE 16 OF 25

<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)

**KRIMSON POLITICAL ACTION COUNCIL LLC**

Full Name (Last, First, Middle Initial)

**A. Enterprise Rent-a-Car**

Mailing Address 600 Corporate Park Drive

City  
Saint LouisState  
MOZip Code  
63105

Purpose of Disbursement

Travel Expenses

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	1			0	2			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.4804**

Amount of Each Disbursement this Period

205.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Enterprise Rent-a-Car**

Mailing Address 600 Corporate Park Drive

City  
Saint LouisState  
MOZip Code  
63105

Purpose of Disbursement

Travel Expenses

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	1			0	8			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.4813**

Amount of Each Disbursement this Period

66.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kappa Alpha Psi**

Mailing Address 2322-24 North Broad Street

City  
PhiladelphiaState  
PAZip Code  
19132

Purpose of Disbursement

Event Registration Fee

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	2			2	6			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.5065**

Amount of Each Disbursement this Period

206.28

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

478.54



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

PAGE 17 OF 25

<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)

**KRIMSON POLITICAL ACTION COUNCIL LLC**

Full Name (Last, First, Middle Initial)

**A. Marriott New Orleans**

Mailing Address 555 Canal St

City  
New OrleansState  
LAZip Code  
70130

Purpose of Disbursement

Travel Expenses

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	1			2	2			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.6235**

Amount of Each Disbursement this Period

1096.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Raxton, Martin, William, ,**

Mailing Address 4469 Cabinwood Turn

City  
DouglasvilleState  
GAZip Code  
30135

Purpose of Disbursement

Fundraising Expenses

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	2			2	6			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.4869**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Raxton, Martin, William, ,**

Mailing Address 4469 Cabinwood Turn

City  
DouglasvilleState  
GAZip Code  
30135

Purpose of Disbursement

Fundraising Expenses

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	2			2	6			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.6253**

Amount of Each Disbursement this Period

355.00

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

1701.96

**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 18 OF 25

<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)

**KRIMSON POLITICAL ACTION COUNCIL LLC**

Full Name (Last, First, Middle Initial)

**A. SendinBlue**

Mailing Address 47 Rue de la Chaussee d'Antin

City  
Paris, France

State

Zip Code  
75009

Purpose of Disbursement

Internet Utility

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
0	2			2	0		2	0	2	4		

FEC Identification Number

**C** Transaction ID : **SB21B.4856**

Amount of Each Disbursement this Period

193.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SendinBlue**

Mailing Address 47 Rue de la Chaussee d'Antin

City  
Paris, France

State

Zip Code  
75009

Purpose of Disbursement

Internet Utility

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
0	3			1	9		2	0	2	4		

FEC Identification Number

**C** Transaction ID : **SB21B.4912**

Amount of Each Disbursement this Period

193.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Southwest Airlines**

Mailing Address 2702 Love Field Dr.

City  
DallasState  
TXZip Code  
75235

Purpose of Disbursement

Travel Expenses

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
0	2			0	8		2	0	2	4		

FEC Identification Number

**C** Transaction ID : **SB21B.4853**

Amount of Each Disbursement this Period

257.97

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

643.97

**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 19 OF 25

<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)

**KRIMSON POLITICAL ACTION COUNCIL LLC**

Full Name (Last, First, Middle Initial)

**A. Southwest Airlines**

Mailing Address 2702 Love Field Dr.

City  
DallasState  
TXZip Code  
75235

Purpose of Disbursement

Travel Expenses

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	3			0	4			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.4887**

Amount of Each Disbursement this Period

347.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TicketLeap**

Mailing Address 10675 Perry Highway Suite 1316

City  
WexfordState  
PAZip Code  
15090

Purpose of Disbursement

Event Tickets

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	2			2	0			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.4863**

Amount of Each Disbursement this Period

211.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

<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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

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

558.96

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

4697.07

**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 20 OF 25

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

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NAME OF COMMITTEE (In Full)

**KRIMSON POLITICAL ACTION COUNCIL LLC**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address 200 Vesey St.

City  
New YorkState  
NYZip Code  
10281

Purpose of Disbursement

Itemized Transactions Below - IE Only Account

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB29.6261**

Amount of Each Disbursement this Period

4608.47

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Shopify**

Mailing Address 151 O'Connor Street

City  
Ottawa, Canada K2P 2L8

State

Zip Code

Purpose of Disbursement

Promotional Merchandise

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB29.6261.0**

Amount of Each Disbursement this Period

128.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Lampe-Farley Communications**

Mailing Address 235 Ponce de Leon Place, M-103

City  
DecaturState  
GAZip Code  
30030

Purpose of Disbursement

Website Design

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB29.6261.1**

Amount of Each Disbursement this Period

3003.00

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

4608.47

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

**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 21 OF 25

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

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NAME OF COMMITTEE (In Full)

**KRIMSON POLITICAL ACTION COUNCIL LLC**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address 200 Vesey St.

City  
New YorkState  
NYZip Code  
10281

Purpose of Disbursement

Credit Card Interest

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB29.6261.2**

Amount of Each Disbursement this Period

204.36

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Deltas for Women in Action**

Mailing Address 5456 Peachtree Blvd. #638

City  
AtlantaState  
GAZip Code  
30341

Purpose of Disbursement

Donation

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	8			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB29.4797**

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Padreus Patter**

Mailing Address 15461 Cagney Ct

City  
WoodbridgeState  
VAZip Code  
22193

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

FEC Identification Number

**C****Transaction ID : SB29.4793**

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)..... ►

5300.00

**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 22 OF 25

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

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NAME OF COMMITTEE (In Full)

**KRIMSON POLITICAL ACTION COUNCIL LLC**

Full Name (Last, First, Middle Initial)

**A. Holiday Inn Express**

Mailing Address 317 K St NW

City  
WashingtonState  
DCZip Code  
20001

Purpose of Disbursement

Travel Expenses - IE Only Account

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	3			1	4			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB29.6270**

Amount of Each Disbursement this Period

1209.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Marriott Louisville**

Mailing Address 280 W Jefferson St

City  
LouisvilleState  
KYZip Code  
40202

Purpose of Disbursement

Travel Expenses - IE Only Account

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	3			2	4			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB29.6272**

Amount of Each Disbursement this Period

402.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. OSOB Transportation**

Mailing Address 3722 BEL PRE RD APT #6

City  
Silver SpringState  
MDZip Code  
20906

Purpose of Disbursement

Travel Expenses - IE Only Account

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	1			2	3			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB29.6233**

Amount of Each Disbursement this Period

1090.00

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

2701.90

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

**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 23 OF 25

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

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NAME OF COMMITTEE (In Full)

**KRIMSON POLITICAL ACTION COUNCIL LLC**

Full Name (Last, First, Middle Initial)

**A. Q Street Compliance**

Mailing Address PO Box 40293

City  
WashingtonState  
DCZip Code  
20016

Purpose of Disbursement

Financial Compliance Consulting - IE Only Account

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB29.6266**

Amount of Each Disbursement this Period

1332.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Raxton, Martin, William, ,**

Mailing Address 4469 Cabinwood Turn

City  
DouglasvilleState  
GAZip Code  
30135

Purpose of Disbursement

Fundraising Expenses - IE Only Account

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB29.6244**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Relay Voice**

Mailing Address 1209 Orange Street

City  
WilmiingtonState  
DEZip Code  
19801

Purpose of Disbursement

Internet Utility - IE Only Account

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	7			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB29.6276**

Amount of Each Disbursement this Period

775.00

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

3107.50

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

**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 24 OF 25

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

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NAME OF COMMITTEE (In Full)

**KRIMSON POLITICAL ACTION COUNCIL LLC**

Full Name (Last, First, Middle Initial)

**A. Sleuthgang**

Mailing Address 2509 S Curson Ave

City  
Los AngelesState  
CAZip Code  
90016

Purpose of Disbursement

Video Production - IE Only Account

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	2			0	1			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB29.6242**

Amount of Each Disbursement this Period

1700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Sleuthgang**

Mailing Address 2509 S Curson Ave

City  
Los AngelesState  
CAZip Code  
90016

Purpose of Disbursement

Video Production - IE Only Account

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	3			1	1			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB29.6268**

Amount of Each Disbursement this Period

1700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Southwest Airlines**

Mailing Address 2702 Love Field Dr.

City  
DallasState  
TXZip Code  
75235

Purpose of Disbursement

Travel Expenses - IE Only Account

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	3			2	9			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB29.6277**

Amount of Each Disbursement this Period

473.96

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

3873.96

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



**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 25 OF 25

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

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NAME OF COMMITTEE (In Full)

**KRIMSON POLITICAL ACTION COUNCIL LLC**

Full Name (Last, First, Middle Initial)

**A. Southwest Airlines**

Mailing Address 2702 Love Field Dr.

City  
DallasState  
TXZip Code  
75235

Purpose of Disbursement

Travel Expenses - IE Only Account

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	3			2	9			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB29.6278**

Amount of Each Disbursement this Period

560.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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

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)..... ►

560.96

20152.79