

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 SAVE AMERICA

ADDRESS (number and street) P.O. BOX 13570 ARLINGTON VA 22219 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00762591 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 02 / 01 / 2024 through 02 / 29 / 2024

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer CRATE, BRADLEY, T.,

Signature of Treasurer CRATE, BRADLEY, T., Date 03 / 20 / 2024

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

SAVE AMERICA

Report Covering the Period: From: 02 / 01 / 2024 To: 02 / 29 / 2024

Table with 2 columns: COLUMN A This Period, COLUMN B Calendar Year-to-Date. Rows include: 6. (a) Cash on Hand January 1, 2024 (5140096.79); (b) Cash on Hand at Beginning of Reporting Period (6289527.87); (c) Total Receipts (from Line 19) (5010890.57 / 10019399.44); (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) (11300418.44 / 15159496.23); 7. Total Disbursements (from Line 31) (7219317.92 / 11078395.71); 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) (4081100.52 / 4081100.52); 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) (0.00); 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) (534361.03).

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

SAVE AMERICA

Report Covering the Period: From: 02 / 01 / 2024 To: 02 / 29 / 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).....	250.00	500.00
(ii) Unitemized	5640.57	13899.44
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5890.57	14399.44
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	10890.57	19399.44
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.....	5000000.00	10000000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	5010890.57	10019399.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5010890.57	10019399.44

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	6669317.92	10028395.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6669317.92	10028395.71
22. Transfers to Affiliated/Other Party Committees.....	400000.00	900000.00
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).....	150000.00	150000.00
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)) ..	7219317.92	11078395.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7219317.92	11078395.71

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)	10890.57	19399.44
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10890.57	19399.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6669317.92	10028395.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6669317.92	10028395.71

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 64
	<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)
SAVE AMERICA

A. WINRED

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
13355.34

Date of Receipt
MM / DD / YYYY
02 / 05 / 2024

Transaction ID : SA11AI.103829086

Amount of Each Receipt this Period
- 0.05

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

B. WINRED

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
13355.34

Date of Receipt
MM / DD / YYYY
02 / 06 / 2024

Transaction ID : SA11AI.103864618

Amount of Each Receipt this Period
58.76

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

C. WINRED

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
13355.34

Date of Receipt
MM / DD / YYYY
02 / 07 / 2024

Transaction ID : SA11AI.103891611

Amount of Each Receipt this Period
87.68

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
13355.34

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 08 / 2024
Transaction ID : SA11AI.103918239

Amount of Each Receipt this Period
407.49

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
13355.34

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 09 / 2024
Transaction ID : SA11AI.103970056

Amount of Each Receipt this Period
124.61

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
13355.34

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 12 / 2024
Transaction ID : SA11AI.104087529

Amount of Each Receipt this Period
109.23

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

SUBTOTAL of Receipts This Page (optional).....	0.00
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 64
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

A. WINRED

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

Mailing Address **PO BOX 9891**

City ARLINGTON	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C C00694323**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **13355.34**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2024

Transaction ID : SA11Al.104317888

Amount of Each Receipt this Period
154.85

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

B. WINRED

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

Mailing Address **PO BOX 9891**

City ARLINGTON	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C C00694323**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **13355.34**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2024

Transaction ID : SA11Al.104357144

Amount of Each Receipt this Period
204.41

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

C. WINRED

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

Mailing Address **PO BOX 9891**

City ARLINGTON	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C C00694323**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **13355.34**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 15 / 2024

Transaction ID : SA11Al.104378620

Amount of Each Receipt this Period
479.59

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

SUBTOTAL of Receipts This Page (optional).....	0.00
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 64
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

A. WILSON, PATRICK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5620 WOODSTOCK AVE

City GOLDEN VALLEY	State MN	Zip Code 55422
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.50

Date of Receipt
MM / DD / YYYY
02 / 11 / 2024

Transaction ID : SA11AI.104379645

Amount of Each Receipt this Period
125.00

Memo Item
EARMARKED THROUGH WINRED

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
13355.34

Date of Receipt
MM / DD / YYYY
02 / 16 / 2024

Transaction ID : SA11AI.104620332

Amount of Each Receipt this Period
170.48

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
13355.34

Date of Receipt
MM / DD / YYYY
02 / 20 / 2024

Transaction ID : SA11AI.105161778

Amount of Each Receipt this Period
113.31

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

SUBTOTAL of Receipts This Page (optional).....▶	125.00
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 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

A. WINRED

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 13355.34

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 21 / 2024

Transaction ID : SA11Al.105187184

Amount of Each Receipt this Period
 225.68

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

B. WINRED

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 13355.34

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 22 / 2024

Transaction ID : SA11Al.105219000

Amount of Each Receipt this Period
 96.57

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

C. WINRED

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ 13355.34

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 23 / 2024

Transaction ID : SA11Al.105258890

Amount of Each Receipt this Period
 927.71

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

SUBTOTAL of Receipts This Page (optional).....	0.00
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 64
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

A. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **PO BOX 9891**

City ARLINGTON	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C C00694323**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **13355.34**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2024

Transaction ID : SA11AI.105267212

Amount of Each Receipt this Period

252.29

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

B. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **PO BOX 9891**

City ARLINGTON	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C C00694323**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **13355.34**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2024

Transaction ID : SA11AI.105396615

Amount of Each Receipt this Period

1442.00

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

C. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **PO BOX 9891**

City ARLINGTON	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C C00694323**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **13355.34**

Date of Receipt

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

Transaction ID : SA11AI.105430000

Amount of Each Receipt this Period

231.97

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 12 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

A. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
13355.34

Date of Receipt
MM / DD / YYYY
02 / 29 / 2024
Transaction ID : SA11AI.105462513

Amount of Each Receipt this Period
594.82

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

B. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
13355.34

Date of Receipt
MM / DD / YYYY
02 / 29 / 2024
Transaction ID : SA11AI.105550164

Amount of Each Receipt this Period
28.20

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

C. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
13355.34

Date of Receipt
MM / DD / YYYY
02 / 29 / 2024
Transaction ID : SA11AI.105602396

Amount of Each Receipt this Period
234.32

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 13 OF 64
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

A. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
13355.34

Date of Receipt
MM / DD / YYYY
02 / 29 / 2024
Transaction ID : SA11AI.105628616

Amount of Each Receipt this Period
577.05

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

B. WILSON, PATRICK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 5620 WOODSTOCK AVE

City GOLDEN VALLEY	State MN	Zip Code 55422
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.50

Date of Receipt
MM / DD / YYYY
02 / 29 / 2024
Transaction ID : SA11AI.105629870

Amount of Each Receipt this Period
125.00

Memo Item
EARMARKED THROUGH WINRED

C. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
13355.34

Date of Receipt
MM / DD / YYYY
02 / 29 / 2024
Transaction ID : SA11AI.105683868

Amount of Each Receipt this Period
79.02

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	250.00

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

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

FOR LINE NUMBER: PAGE 14 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

A. BULLDOG PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 228 S WASHINGTON ST STE 115
 City ALEXANDRIA State VA Zip Code 22314
 FEC ID number of contributing federal political committee. **C** C00672733
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2024
Transaction ID : SA11C.105433488
 Amount of Each Receipt this Period
 5000.00
 Memo Item

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

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

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 15 OF 64
<input 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 checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

A. MAKE AMERICA GREAT AGAIN INC.

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

Mailing Address C/O BULLDOG COMPLIANCE
138 CONANT STREET STE 401

City BEVERLY State MA Zip Code 01915

FEC ID number of contributing federal political committee. **C** C00825851

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000000.00

Date of Receipt: 02 / 01 / 2024
Transaction ID : SA16.103830287

Amount of Each Receipt this Period: 5000000.00

Memo Item
REFUND OF FEDERAL 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

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000000.00
TOTAL This Period (last page this line number only).....	5000000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

A. AMBROSINI, CHRISTOPHER, , ,

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 14 / 2024

FEC Identification Number: C

Transaction ID : SB21B.98192

Amount of Each Disbursement this Period: 2051.32

Memo Item

B. AMBROSINI, CHRISTOPHER, , ,

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 28 / 2024

FEC Identification Number: C

Transaction ID : SB21B.98456

Amount of Each Disbursement this Period: 2051.32

Memo Item

C. AMBROSINI, CHRISTOPHER, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 306 JOHN HARRISON ROAD

City HARWOOD State MD Zip Code 20776

Purpose of Disbursement TRAVEL REIMBURSEMENT: SEE ITEMIZATION(S) IF REQUIRED

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 14 / 2024

FEC Identification Number: C

Transaction ID : SB21B.97974

Amount of Each Disbursement this Period: 680.44

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4783.08

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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

A. CHICK-FIL-A

Full Name (Last, First, Middle Initial)

Mailing Address 5200 BUFFINGTON RD

City ATLANTA State GA Zip Code 30349

Purpose of Disbursement
REIMBURSEMENT: MEETING EXPENSE: MEALS

Candidate Name

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

State: District:

Date of Disbursement: 01 / 17 / 2024

FEC Identification Number: C
Transaction ID : SB21B.97974

Amount of Each Disbursement this Period: 59.21

Memo Item

B. CHICK-FIL-A

Full Name (Last, First, Middle Initial)

Mailing Address 5200 BUFFINGTON RD

City ATLANTA State GA Zip Code 30349

Purpose of Disbursement
REIMBURSEMENT: CATERING SERVICES

Candidate Name

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

State: District:

Date of Disbursement: 01 / 17 / 2024

FEC Identification Number: C
Transaction ID : SB21B.97974

Amount of Each Disbursement this Period: 621.23

Memo Item

C. AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)

Mailing Address 200 VESEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE ITEMIZATIONS IF REQUIRED

Candidate Name

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

State: District:

Date of Disbursement: 02 / 14 / 2024

FEC Identification Number: C
Transaction ID : SB21B.98055

Amount of Each Disbursement this Period: 7065.75

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7065.75

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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

Full Name (Last, First, Middle Initial)

A. ADOBE

Mailing Address 151 S ALMADEN BLVD

City SAN JOSE State CA Zip Code 95838

Purpose of Disbursement
SOFTWARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 03 / 2024

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.98055

Amount of Each Disbursement this Period

[Redacted] 13.80

Memo Item

Full Name (Last, First, Middle Initial)

B. ADOBE

Mailing Address 151 S ALMADEN BLVD

City SAN JOSE State CA Zip Code 95838

Purpose of Disbursement
SOFTWARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 11 / 2024

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.98055

Amount of Each Disbursement this Period

[Redacted] 15.93

Memo Item

Full Name (Last, First, Middle Initial)

C. ADOBE

Mailing Address 151 S ALMADEN BLVD

City SAN JOSE State CA Zip Code 95838

Purpose of Disbursement
SOFTWARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2024

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.98055

Amount of Each Disbursement this Period

[Redacted] 25.49

Memo Item

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

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

[Redacted] 0.00

[Redacted]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

A. AMAZON

Full Name (Last, First, Middle Initial)

Mailing Address 440 TERRY AVE. NORTH

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 20 / 2024

FEC Identification Number: C

Transaction ID : SB21B.98055

Amount of Each Disbursement this Period: 44.51

Memo Item

B. AMAZON

Full Name (Last, First, Middle Initial)

Mailing Address 440 TERRY AVE. NORTH

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 18 / 2024

FEC Identification Number: C

Transaction ID : SB21B.98055

Amount of Each Disbursement this Period: 48.10

Memo Item

C. AMAZON

Full Name (Last, First, Middle Initial)

Mailing Address 440 TERRY AVE. NORTH

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 18 / 2024

FEC Identification Number: C

Transaction ID : SB21B.98055

Amount of Each Disbursement this Period: 20.44

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

A. AMAZON

Full Name (Last, First, Middle Initial)

Mailing Address 440 TERRY AVE. NORTH

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 18 / 2024

FEC Identification Number: C

Transaction ID : SB21B.98055

Amount of Each Disbursement this Period: 153.00

Memo Item

B. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 16 / 2024

FEC Identification Number: C

Transaction ID : SB21B.98055

Amount of Each Disbursement this Period: 945.19

Memo Item

C. BLOOMBERG LP

Full Name (Last, First, Middle Initial)

Mailing Address 731 LEXINGTON AVE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 16 / 2024

FEC Identification Number: C

Transaction ID : SB21B.98055

Amount of Each Disbursement this Period: 34.99

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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 Page

FOR LINE NUMBER: (check only one)

Form with checkboxes for line numbers 21b through 30b. 21b is checked.

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

Form A: DELTA AIR LINES. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item checkbox.

Form B: FEDEX. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item checkbox.

Form C: FEDEX. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item checkbox.

SUBTOTAL of Disbursements This Page (optional) and TOTAL This Period (last page this line number only) summary rows.

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

Full Name (Last, First, Middle Initial)

A. PARK LANE HOTEL

Mailing Address 36 CENTRAL PARK S SOUTH

City NEW YORK State NY Zip Code 10019

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2024

FEC Identification Number

C
Transaction ID : SB21B.98055
Amount of Each Disbursement this Period
431.42

Memo Item

Full Name (Last, First, Middle Initial)

B. STAPLES

Mailing Address 2401 UTAH AVENUE, SOUTH SUITE 800

City SEATTLE State WA Zip Code 98134

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 18 / 2024

FEC Identification Number

C
Transaction ID : SB21B.98055
Amount of Each Disbursement this Period
31.20

Memo Item

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES INC

Mailing Address 1455 MARKET STREET
#400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 16 / 2024

FEC Identification Number

C
Transaction ID : SB21B.98055
Amount of Each Disbursement this Period
97.18

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 475 L'ENFANT PLZ SW

City
WASHINGTON

State
DC

Zip Code
20260

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.98055

Amount of Each Disbursement this Period

[REDACTED] 2142.35

Memo Item

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 475 L'ENFANT PLZ SW

City
WASHINGTON

State
DC

Zip Code
20260

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.98055

Amount of Each Disbursement this Period

[REDACTED] 2197.30

Memo Item

Full Name (Last, First, Middle Initial)

C. WALL ST JOURNAL

Mailing Address 1211 AVENUE OF THE AMERICAS

City
NEW YORK

State
NY

Zip Code
10036

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.98055

Amount of Each Disbursement this Period

[REDACTED] 38.99

Memo Item

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

[REDACTED] 0.00

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

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

A. BARTOV, ELI, , ,

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY
02 / 14 / 2024

Mailing Address: 44 W 4TH ST
SUITE 10-96

City: NEW YORK State: NY Zip Code: 10012

Purpose of Disbursement: LEGAL CONSULTING

Candidate Name:

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

State: District:

FEC Identification Number: C
Transaction ID : SB21B.98126
Amount of Each Disbursement this Period: 268864.40

Memo Item

B. BINNALL LAW GROUP

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY
02 / 14 / 2024

Mailing Address: 717 KING STREET, SUITE 200

City: ALEXANDRIA State: VA Zip Code: 22314

Purpose of Disbursement: LEGAL CONSULTING

Candidate Name:

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

State: District:

FEC Identification Number: C
Transaction ID : SB21B.98068
Amount of Each Disbursement this Period: 3670.91

Memo Item

C. BLANCHE LAW

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY
02 / 08 / 2024

Mailing Address: 99 WALL STREET
SUITE 4460

City: NEW YORK State: NY Zip Code: 10005

Purpose of Disbursement: LEGAL CONSULTING

Candidate Name:

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

State: District:

FEC Identification Number: C
Transaction ID : SB21B.98041
Amount of Each Disbursement this Period: 87500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 360035.31

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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

Full Name (Last, First, Middle Initial) A. BLANCHE LAW			Date of Disbursement MM / DD / YYYY 02 / 08 / 2024	
Mailing Address 99 WALL STREET SUITE 4460			FEC Identification Number C [REDACTED] Transaction ID : SB21B.98041 Amount of Each Disbursement this Period 514817.53	
City NEW YORK	State NY	Zip Code 10005	Memo Item <input type="checkbox"/>	
Purpose of Disbursement LEGAL CONSULTING		Category/Type [REDACTED]		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. BLANCHE LAW			Date of Disbursement MM / DD / YYYY 02 / 28 / 2024	
Mailing Address 99 WALL STREET SUITE 4460			FEC Identification Number C [REDACTED] Transaction ID : SB21B.98425 Amount of Each Disbursement this Period 26120.24	
City NEW YORK	State NY	Zip Code 10005	Memo Item <input type="checkbox"/>	
Purpose of Disbursement LEGAL CONSULTING		Category/Type [REDACTED]		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. BOBB, CHRISTINA, , ,			Date of Disbursement MM / DD / YYYY 02 / 14 / 2024	
Mailing Address P.O. BOX 13570			FEC Identification Number C [REDACTED] Transaction ID : SB21B.98192 Amount of Each Disbursement this Period 7410.85	
City ARLINGTON	State VA	Zip Code 22219	Memo Item <input type="checkbox"/>	
Purpose of Disbursement PAYROLL		Category/Type [REDACTED]		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional).....▶	548348.62
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

A. BOBB, CHRISTINA, , ,

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 28 / 2024

FEC Identification Number: C

Transaction ID : SB21B.98456

Amount of Each Disbursement this Period: 7410.86

Memo Item

B. C&M TRANSCONTINENTAL, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 186 TALMAGE RD

City MENDHAM State NJ Zip Code 07945

Purpose of Disbursement ADVANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 14 / 2024

FEC Identification Number: C

Transaction ID : SB21B.98075

Amount of Each Disbursement this Period: 12500.00

Memo Item

C. CHRIS KISE & ASSOCIATES, P.A.

Full Name (Last, First, Middle Initial)

Mailing Address 6788 HEARTLAND CIR

City TALLAHASSEE State FL Zip Code 32312

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 16 / 2024

FEC Identification Number: C

Transaction ID : SB21B.98301

Amount of Each Disbursement this Period: 329986.04

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 349896.90

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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

Full Name (Last, First, Middle Initial)

A. CONTINENTAL PLLC

Mailing Address 255 ALHAMBRA CIRCLE
SUITE 640

City
CORAL GABLES

State
FL

Zip Code
33134

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.98062

Amount of Each Disbursement this Period

315094.77

Memo Item

Full Name (Last, First, Middle Initial)

B. D'ANTUONO, HAYLEY, L, ,

Mailing Address P.O. BOX 13570

City
ARLINGTON

State
VA

Zip Code
22219

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.98192

Amount of Each Disbursement this Period

4157.45

Memo Item

Full Name (Last, First, Middle Initial)

C. D'ANTUONO, HAYLEY, L, ,

Mailing Address P.O. BOX 13570

City
ARLINGTON

State
VA

Zip Code
22219

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.98456

Amount of Each Disbursement this Period

4157.44

Memo Item

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

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

323409.66

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

Full Name (Last, First, Middle Initial)

A. DEX IMAGING

Mailing Address PO BOX 17299

City
CLEARWATER

State
FL

Zip Code
33762

Purpose of Disbursement
OFFICE EQUIPMENT

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.98062

Amount of Each Disbursement this Period

451.51

Memo Item

Full Name (Last, First, Middle Initial)

B. DHILLON LAW GROUP INC.

Mailing Address 177 POST STREET, SUITE 700

City
SAN FRANCISCO

State
CA

Zip Code
94108

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.98181

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DHILLON LAW GROUP INC.

Mailing Address 177 POST STREET, SUITE 700

City
SAN FRANCISCO

State
CA

Zip Code
94108

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.98185

Amount of Each Disbursement this Period

1200.00

Memo Item

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

11651.51

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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

Full Name (Last, First, Middle Initial) A. DRISCOLL, MACKENZIE, , ,		Date of Disbursement MM / DD / YYYY 02 / 14 / 2024
Mailing Address P.O. BOX 13570		FEC Identification Number C [REDACTED] Transaction ID : SB21B.98192
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement PAYROLL	Category/ Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 1800.01	
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. DRISCOLL, MACKENZIE, , ,		Date of Disbursement MM / DD / YYYY 02 / 28 / 2024
Mailing Address P.O. BOX 13570		FEC Identification Number C [REDACTED] Transaction ID : SB21B.98456
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement PAYROLL	Category/ Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 1800.02	
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. ELECTIONS, LLC		Date of Disbursement MM / DD / YYYY 02 / 14 / 2024
Mailing Address 1050 CONNECTICUT AVE NW SUITE 500		FEC Identification Number C [REDACTED] Transaction ID : SB21B.98062
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement LEGAL CONSULTING	Category/ Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 10000.00	
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 13600.03
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

A. EMPLOYERS PREFERRED INS. CO.

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 539003

City HENDERSON State NV Zip Code 89053

Purpose of Disbursement INSURANCE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 01 / 2024

FEC Identification Number: C

Transaction ID : SB21B.98066

Amount of Each Disbursement this Period: 13731.00

Memo Item

B. EVENT STRATEGIES, INC.

Full Name (Last, First, Middle Initial)

Mailing Address 510 KING STREET SUITE 410

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement MOVING EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 14 / 2024

FEC Identification Number: C

Transaction ID : SB21B.97996

Amount of Each Disbursement this Period: 6562.14

Memo Item

C. FAUPEL, MADISON, , ,

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 14 / 2024

FEC Identification Number: C

Transaction ID : SB21B.98192

Amount of Each Disbursement this Period: 2793.72

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 23086.86

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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

A. FAUPEL, MADISON, , ,

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 28 / 2024

FEC Identification Number: C

Transaction ID : SB21B.98456

Amount of Each Disbursement this Period: 2793.72

Memo Item

B. FINZER, MARY, C, ,

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 14 / 2024

FEC Identification Number: C

Transaction ID : SB21B.98192

Amount of Each Disbursement this Period: 3867.35

Memo Item

C. FINZER, MARY, C, ,

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 28 / 2024

FEC Identification Number: C

Transaction ID : SB21B.98456

Amount of Each Disbursement this Period: 3867.36

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 10528.43

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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

Full Name (Last, First, Middle Initial)
A. GREATAMERICA FINANCIAL SERVICES

Mailing Address **PO BOX 660831**

City **DALLAS** State **TX** Zip Code **75266**

Purpose of Disbursement
OFFICE EQUIPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **02 / 14 / 2024**

FEC Identification Number: **C**

Transaction ID : SB21B.98132

Amount of Each Disbursement this Period: **573.81**

Memo Item

Full Name (Last, First, Middle Initial)
B. HABBA MADAI0 & ASSOCIATES LLP

Mailing Address **1430 U.S. HIGHWAY 206, SUITE 240**

City **BEDMINSTER** State **NJ** Zip Code **07921**

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **02 / 14 / 2024**

FEC Identification Number: **C**

Transaction ID : SB21B.98036

Amount of Each Disbursement this Period: **30000.00**

Memo Item

Full Name (Last, First, Middle Initial)
C. HABBA MADAI0 & ASSOCIATES LLP

Mailing Address **1430 U.S. HIGHWAY 206, SUITE 240**

City **BEDMINSTER** State **NJ** Zip Code **07921**

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **02 / 14 / 2024**

FEC Identification Number: **C**

Transaction ID : SB21B.98266

Amount of Each Disbursement this Period: **392638.69**

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ **423212.50**

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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

SAVE AMERICA

Full Name (Last, First, Middle Initial)

A. HALLIGAN, LINDSEY, , ,

Mailing Address P.O. BOX 13570

City
ARLINGTON

State
VA

Zip Code
22219

Purpose of Disbursement

PAYROLL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.98192

Amount of Each Disbursement this Period

7410.85

Memo Item

Full Name (Last, First, Middle Initial)

B. HALLIGAN, LINDSEY, , ,

Mailing Address P.O. BOX 13570

City
ARLINGTON

State
VA

Zip Code
22219

Purpose of Disbursement

PAYROLL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.98456

Amount of Each Disbursement this Period

7410.86

Memo Item

Full Name (Last, First, Middle Initial)

C. HARP, NATALIE, , ,

Mailing Address P.O. BOX 13570

City
ARLINGTON

State
VA

Zip Code
22219

Purpose of Disbursement

PAYROLL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.98192

Amount of Each Disbursement this Period

1589.24

Memo Item

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

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

16410.95

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

A. HARP, NATALIE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 28 / 2024

FEC Identification Number: C

Transaction ID : **SB21B.98456**

Amount of Each Disbursement this Period: 1589.23

Memo Item

B. HARRIS, CHAMBERLAIN, R, ,

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 14 / 2024

FEC Identification Number: C

Transaction ID : **SB21B.98192**

Amount of Each Disbursement this Period: 2288.40

Memo Item

C. HARRIS, CHAMBERLAIN, R, ,

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 28 / 2024

FEC Identification Number: C

Transaction ID : **SB21B.98456**

Amount of Each Disbursement this Period: 2288.40

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6166.03

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 Page

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

Form A: HAYSTACKID LLC. Includes fields for Date of Disbursement (02/29/2024), Mailing Address (PO BOX 95858), City (CHICAGO), State (IL), Zip Code (60694), Purpose of Disbursement (RESEARCH CONSULTING), Candidate Name, Office Sought, Disbursement For, and Amount of Each Disbursement (643836.92).

Form B: HERVE PIERRE BRAILLARD. Includes fields for Date of Disbursement (02/14/2024), Mailing Address (225 5TH AVENUE #9K), City (NEW YORK), State (NY), Zip Code (10010), Purpose of Disbursement (STRATEGY CONSULTING & TRAVEL EXPENSES), Candidate Name, Office Sought, Disbursement For, and Amount of Each Disbursement (18406.20).

Form C: HUMANA. Includes fields for Date of Disbursement (02/05/2024), Mailing Address (500 WEST MAIN STREET), City (LOUISVILLE), State (KY), Zip Code (40202), Purpose of Disbursement (INSURANCE), Candidate Name, Office Sought, Disbursement For, and Amount of Each Disbursement (130.74).

SUBTOTAL of Disbursements This Page (optional) 662373.86
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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

A. JAMES OTIS LAW GROUP LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY
02 / 14 / 2024

Mailing Address: 13321 NORTH OUTER FORTY DRIVE
SUITE 300

City: CHESTERFIELD State: MO Zip Code: 63017

Purpose of Disbursement: LEGAL CONSULTING

Candidate Name: []

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

State: District: []

FEC Identification Number: C []
Transaction ID : **SB21B.98104**
Amount of Each Disbursement this Period: [] 123482.36

Memo Item

B. JOHN F. LAURO, P.A.

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY
02 / 29 / 2024

Mailing Address: 400 N. TAMPA STREET 15TH FLOOR

City: TAMPA State: FL Zip Code: 33602

Purpose of Disbursement: LEGAL CONSULTING & EXPENSES

Candidate Name: []

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

State: District: []

FEC Identification Number: C []
Transaction ID : **SB21B.98446**
Amount of Each Disbursement this Period: [] 622785.92

Memo Item

C. KINGSBURY, KALINA, , ,

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY
02 / 14 / 2024

Mailing Address: P.O. BOX 13570

City: ARLINGTON State: VA Zip Code: 22219

Purpose of Disbursement: PAYROLL

Candidate Name: []

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

State: District: []

FEC Identification Number: C []
Transaction ID : **SB21B.98192**
Amount of Each Disbursement this Period: [] 2508.87

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ [] 748777.15

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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

A. KINGSBURY, KALINA, , ,

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 28 / 2024

FEC Identification Number: C

Transaction ID : SB21B.98456

Amount of Each Disbursement this Period: 2508.88

Memo Item

B. LEICHTER, GRANT, , ,

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 14 / 2024

FEC Identification Number: C

Transaction ID : SB21B.98192

Amount of Each Disbursement this Period: 1756.63

Memo Item

C. LEICHTER, GRANT, , ,

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 28 / 2024

FEC Identification Number: C

Transaction ID : SB21B.98456

Amount of Each Disbursement this Period: 1756.62

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6022.13

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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

A. MARINO, TORTORELLA & BOYLE, P.C.

Full Name (Last, First, Middle Initial)

Mailing Address 437 SOUTHERN BOULEVARD

City CHATHAM State NJ Zip Code 07928

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 28 / 2024

FEC Identification Number: C

Transaction ID : SB21B.98217

Amount of Each Disbursement this Period: 220.00

Memo Item

B. MCGLINCHEY STAFFORD

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2153 DEPT 5200

City BIRMINGHAM State AL Zip Code 35287

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 28 / 2024

FEC Identification Number: C

Transaction ID : SB21B.98319

Amount of Each Disbursement this Period: 3750.00

Memo Item

C. NAUTA, WALTINE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 14 / 2024

FEC Identification Number: C

Transaction ID : SB21B.98192

Amount of Each Disbursement this Period: 2831.53

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6801.53

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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

Full Name (Last, First, Middle Initial)

A. NAUTA, WALTINE, , ,

Mailing Address P.O. BOX 13570

City
ARLINGTON

State
VA

Zip Code
22219

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.98456

Amount of Each Disbursement this Period

[Redacted] 2831.52

Memo Item

Full Name (Last, First, Middle Initial)

B. NEAL & HARWELL, PLC

Mailing Address 1201 DEMONBREUN STREET
SUITE 1000

City
NASHVILLE

State
TN

Zip Code
37203

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.97980

Amount of Each Disbursement this Period

[Redacted] 546.26

Memo Item

Full Name (Last, First, Middle Initial)

C. NEAL & HARWELL, PLC

Mailing Address 1201 DEMONBREUN STREET
SUITE 1000

City
NASHVILLE

State
TN

Zip Code
37203

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.9833c

Amount of Each Disbursement this Period

[Redacted] 273.13

Memo Item

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

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

[Redacted] 3650.91

[Redacted]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

Full Name (Last, First, Middle Initial) A. NECHELESLAW LLP		Date of Disbursement MM / DD / YYYY 02 / 01 / 2024
Mailing Address 1120 SIXTH AVENUE 4TH FLOOR		FEC Identification Number C [REDACTED] Transaction ID : SB21B.97911 Amount of Each Disbursement this Period 122030.00
City NEW YORK	State NY	Zip Code 10036
Purpose of Disbursement LEGAL CONSULTING		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. NECHELESLAW LLP		Date of Disbursement MM / DD / YYYY 02 / 14 / 2024
Mailing Address 1120 SIXTH AVENUE 4TH FLOOR		FEC Identification Number C [REDACTED] Transaction ID : SB21B.98197 Amount of Each Disbursement this Period 187583.00
City NEW YORK	State NY	Zip Code 10036
Purpose of Disbursement LEGAL CONSULTING		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. NEW AGE CONSULTING LLC		Date of Disbursement MM / DD / YYYY 02 / 14 / 2024
Mailing Address 1712 PIONEER AVE. SUITE 500		FEC Identification Number C [REDACTED] Transaction ID : SB21B.98022 Amount of Each Disbursement this Period 8353.32
City CHEYENNE	State WY	Zip Code 82001
Purpose of Disbursement LEGAL CONSULTING		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	317966.32
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

SAVE AMERICA

Full Name (Last, First, Middle Initial)

A. PAYCHEX

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2024

Mailing Address 1450 CENTREPARK BLVD
SUITE 150

City WEST PALM BEACH

State FL

Zip Code 33401

Purpose of Disbursement
PAYROLL TAXES & WITHHOLDINGS

<input type="checkbox"/>	Category/ Type
--------------------------	-------------------

FEC Identification Number

C

Transaction ID : **SB21B.98192**
Amount of Each Disbursement this Period

23663.66

Memo Item

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. PAYCHEX

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		15		2024

Mailing Address 1450 CENTREPARK BLVD
SUITE 150

City WEST PALM BEACH

State FL

Zip Code 33401

Purpose of Disbursement
PAYROLL FEES

<input type="checkbox"/>	Category/ Type
--------------------------	-------------------

FEC Identification Number

C

Transaction ID : **SB21B.98272**
Amount of Each Disbursement this Period

113.50

Memo Item

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. PAYCHEX

Date of Disbursement

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

Mailing Address 1450 CENTREPARK BLVD
SUITE 150

City WEST PALM BEACH

State FL

Zip Code 33401

Purpose of Disbursement
PAYROLL TAXES & WITHHOLDINGS

<input type="checkbox"/>	Category/ Type
--------------------------	-------------------

FEC Identification Number

C

Transaction ID : **SB21B.98457**
Amount of Each Disbursement this Period

23501.04

Memo Item

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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

47278.20

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

Full Name (Last, First, Middle Initial)

A. PAYCHEX

Mailing Address 1450 CENTREPARK BLVD
SUITE 150

City WEST PALM BEACH

State FL

Zip Code 33401

Purpose of Disbursement
PAYROLL FEES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.98507

Amount of Each Disbursement this Period

[REDACTED] 113.50

Memo Item

Full Name (Last, First, Middle Initial)

B. PORTER, MADISON, , ,

Mailing Address P.O. BOX 13570

City ARLINGTON

State VA

Zip Code 22219

Purpose of Disbursement
TRAVEL REIMBURSEMENT: SEE ITEMIZATION(S) IF REQUIRED

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.97954

Amount of Each Disbursement this Period

[REDACTED] 702.30

Memo Item

Full Name (Last, First, Middle Initial)

C. CURB MOBILITY LLC

Mailing Address 11-11 34TH AVE

City LONG ISLAND CITY

State NY

Zip Code 11106

Purpose of Disbursement
REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.97954

Amount of Each Disbursement this Period

[REDACTED] 32.57

Memo Item

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

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

[REDACTED] 815.80

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

Full Name (Last, First, Middle Initial)

A. HILTON

Mailing Address 7930 JONES BRANCH DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
REIMBURSEMENT: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2024

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.97954

Amount of Each Disbursement this Period

644.90

Memo Item

Full Name (Last, First, Middle Initial)

B. STARBUCKS

Mailing Address 2401 UTAH AVENUE SOUTH
SUITE 800

City SEATTLE State WA Zip Code 98134

Purpose of Disbursement
REIMBURSEMENT: TRAVEL: FOOD

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2024

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.97954

Amount of Each Disbursement this Period

10.91

Memo Item

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES INC

Mailing Address 1455 MARKET STREET
#400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2024

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.97954

Amount of Each Disbursement this Period

13.92

Memo Item

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

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

0.00

[REDACTED]

**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)
SAVE AMERICA

Full Name (Last, First, Middle Initial) A. PORTER, MADISON, , ,			Date of Disbursement MM / DD / YYYY 02 / 14 / 2024	
Mailing Address P.O. BOX 13570			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Transaction ID : SB21B.98192	
Purpose of Disbursement PAYROLL			Amount of Each Disbursement this Period 2781.07	
Candidate Name			Memo Item <input type="checkbox"/>	
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:				

Full Name (Last, First, Middle Initial) B. PORTER, MADISON, , ,			Date of Disbursement MM / DD / YYYY 02 / 28 / 2024	
Mailing Address P.O. BOX 13570			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Transaction ID : SB21B.98456	
Purpose of Disbursement PAYROLL			Amount of Each Disbursement this Period 2781.08	
Candidate Name			Memo Item <input type="checkbox"/>	
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:				

Full Name (Last, First, Middle Initial) C. RED CURVE SOLUTIONS			Date of Disbursement MM / DD / YYYY 02 / 14 / 2024	
Mailing Address 138 CONANT ST STE 401			FEC Identification Number C	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SB21B.9803t	
Purpose of Disbursement DATA PROCESSING SERVICES			Amount of Each Disbursement this Period 151033.20	
Candidate Name			Memo Item <input type="checkbox"/>	
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	156595.35
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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

A. RED CURVE SOLUTIONS

Full Name (Last, First, Middle Initial)

Mailing Address 138 CONANT ST
STE 401

City BEVERLY State MA Zip Code 01915

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
02 / 14 / 2024

FEC Identification Number
C

Transaction ID : SB21B.98038

Amount of Each Disbursement this Period
50000.00

Memo Item

B. RED CURVE SOLUTIONS

Full Name (Last, First, Middle Initial)

Mailing Address 138 CONANT ST
STE 401

City BEVERLY State MA Zip Code 01915

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
02 / 14 / 2024

FEC Identification Number
C

Transaction ID : SB21B.98104

Amount of Each Disbursement this Period
738.00

Memo Item

C. RICHARD C. KLUGH, P.A.

Full Name (Last, First, Middle Initial)

Mailing Address 401 NW 3RD ST
PH 1

City MIAMI State FL Zip Code 33128

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 14 / 2024

FEC Identification Number
C

Transaction ID : SB21B.98143

Amount of Each Disbursement this Period
54800.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 105538.00

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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

A. ROBERT & ROBERT, PLLC

Full Name (Last, First, Middle Initial)

Mailing Address 526 RXR PLAZA

City UNIONDALE State NY Zip Code 11556

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 01 / 2024

FEC Identification Number: C

Transaction ID : SB21B.97980

Amount of Each Disbursement this Period: 1252834.36

Memo Item

B. ROBERT & ROBERT, PLLC

Full Name (Last, First, Middle Initial)

Mailing Address 526 RXR PLAZA

City UNIONDALE State NY Zip Code 11556

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 29 / 2024

FEC Identification Number: C

Transaction ID : SB21B.98377

Amount of Each Disbursement this Period: 1166182.95

Memo Item

C. RUF A, ANTONIO, , ,

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement TRAVEL REIMBURSEMENT: SEE ITEMIZATION(S) IF REQUIRED

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 29 / 2024

FEC Identification Number: C

Transaction ID : SB21B.98425

Amount of Each Disbursement this Period: 1219.73

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2420237.04

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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 185 BERRY STREET
#5000

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.98429

Amount of Each Disbursement this Period

41.43

Memo Item

Full Name (Last, First, Middle Initial)

B. LYFT

Mailing Address 185 BERRY STREET
#5000

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.98429

Amount of Each Disbursement this Period

46.99

Memo Item

Full Name (Last, First, Middle Initial)

C. RUF A, ANTONIO, , ,

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
ADVANCE CONSULTING & PER DIEM

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.98429

Amount of Each Disbursement this Period

750.00

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

Full Name (Last, First, Middle Initial)

A. WENDYS

Mailing Address 1 DAVE THOMAS BLVD

City
DUBLIN

State
OH

Zip Code
43017

Purpose of Disbursement
REIMBURSEMENT: CATERING SERVICES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.98429

Amount of Each Disbursement this Period

[REDACTED] 249.37

Memo Item

Full Name (Last, First, Middle Initial)

B. TECHCENTRICS, INC

Mailing Address 1217 LARONDE CT

City
ALEXANDRIA

State
VA

Zip Code
22307

Purpose of Disbursement
IT SERVICES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.98191

Amount of Each Disbursement this Period

[REDACTED] 6190.69

Memo Item

Full Name (Last, First, Middle Initial)

C. TECHCENTRICS, INC

Mailing Address 1217 LARONDE CT

City
ALEXANDRIA

State
VA

Zip Code
22307

Purpose of Disbursement
IT SERVICES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.98191

Amount of Each Disbursement this Period

[REDACTED] 3757.01

Memo Item

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

[REDACTED] 9947.70

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

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

A. THURSTON, ELIZA, C, ,

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 28 / 2024

FEC Identification Number: C

Transaction ID : SB21B.98456

Amount of Each Disbursement this Period: 1869.75

Memo Item

B. TRISHUL, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 919 FLORIDA AVE NW SUITE 101

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 28 / 2024

FEC Identification Number: C

Transaction ID : SB21B.98303

Amount of Each Disbursement this Period: 15000.00

Memo Item

C. TRUSTPOINT.ONE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 532292

City ATLANTA State GA Zip Code 30353

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 29 / 2024

FEC Identification Number: C

Transaction ID : SB21B.98412

Amount of Each Disbursement this Period: 417.22

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 17286.97

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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

Full Name (Last, First, Middle Initial) A. UNITEDHEALTH GROUP		Date of Disbursement MM / DD / YYYY 02 / 12 / 2024
Mailing Address PO BOX 1459		FEC Identification Number C [] Transaction ID : SB21B.98529
City MINNEAPOLIS	State MN	Zip Code 55440
Purpose of Disbursement INSURANCE		Amount of Each Disbursement this Period [] 2576.81
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) ▼	<input type="checkbox"/> Memo Item
State: []	District: []	

Full Name (Last, First, Middle Initial) B. WILLIAM STURGES LLP		Date of Disbursement MM / DD / YYYY 02 / 29 / 2024
Mailing Address BURWOOD HOUSE 14-16 CAXTON ST		FEC Identification Number C [] Transaction ID : SB21B.98429
City LONDON SW1H 0QY	State ZZ	Zip Code 99999
Purpose of Disbursement LEGAL CONSULTING		Amount of Each Disbursement this Period [] 52325.48
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) ▼	<input type="checkbox"/> Memo Item
State: []	District: []	

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC		Date of Disbursement MM / DD / YYYY 02 / 01 / 2024
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C [] Transaction ID : SB21B.98001
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES		Amount of Each Disbursement this Period [] 15.78
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) ▼	<input type="checkbox"/> Memo Item
State: []	District: []	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 54918.07
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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

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

Mailing Address 1776 WILSON BLVD
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
MERCHANT FEES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.98018

Amount of Each Disbursement this Period

[REDACTED] 10.03

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

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

Mailing Address 1776 WILSON BLVD
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
MERCHANT FEES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.98057

Amount of Each Disbursement this Period

[REDACTED] 9.23

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

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

Mailing Address 1776 WILSON BLVD
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
MERCHANT FEES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.98078

Amount of Each Disbursement this Period

[REDACTED] 5.48

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Memo Item

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

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

[REDACTED] 24.74

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.98107

Amount of Each Disbursement this Period

3.70

Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.98125

Amount of Each Disbursement this Period

15.97

Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.98145

Amount of Each Disbursement this Period

4.83

Memo Item

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

24.50

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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

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

Mailing Address 1776 WILSON BLVD
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

FEC Identification Number

C

Transaction ID : SB21B.98170

Amount of Each Disbursement this Period

5.17

Memo Item

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

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

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

Mailing Address 1776 WILSON BLVD
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

FEC Identification Number

C

Transaction ID : SB21B.98187

Amount of Each Disbursement this Period

7.13

Memo Item

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

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

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

Mailing Address 1776 WILSON BLVD
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

FEC Identification Number

C

Transaction ID : SB21B.98218

Amount of Each Disbursement this Period

8.15

Memo Item

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

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

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

20.45

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)
SAVE AMERICA

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2024

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.98263

Amount of Each Disbursement this Period

[REDACTED] 18.87

Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2024

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.98287

Amount of Each Disbursement this Period

[REDACTED] 6.68

Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2024

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.98302

Amount of Each Disbursement this Period

[REDACTED] 4.49

Memo Item

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

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

[REDACTED] 30.04

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

A. WINRED TECHNICAL SERVICES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: 02 / 21 / 2024

FEC Identification Number: C

Transaction ID : SB21B.98325

Amount of Each Disbursement this Period: 12.17

Memo Item

B. WINRED TECHNICAL SERVICES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: 02 / 22 / 2024

FEC Identification Number: C

Transaction ID : SB21B.98347

Amount of Each Disbursement this Period: 4.10

Memo Item

C. WINRED TECHNICAL SERVICES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: 02 / 23 / 2024

FEC Identification Number: C

Transaction ID : SB21B.98367

Amount of Each Disbursement this Period: 36.89

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 53.16

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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

SAVE AMERICA

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

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

Mailing Address 1776 WILSON BLVD
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Category/
Type

FEC Identification Number

C

Transaction ID : SB21B.98385

Amount of Each Disbursement this Period

10.59

Memo Item

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

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

Mailing Address 1776 WILSON BLVD
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Category/
Type

FEC Identification Number

C

Transaction ID : SB21B.98404

Amount of Each Disbursement this Period

6.43

Memo Item

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

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

Mailing Address 1776 WILSON BLVD
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Category/
Type

FEC Identification Number

C

Transaction ID : SB21B.98427

Amount of Each Disbursement this Period

9.87

Memo Item

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

26.89

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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SAVE AMERICA

Full Name (Last, First, Middle Initial)

A. MAKE AMERICA GREAT AGAIN PAC

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
TRANSFER TO AFFILIATED COMMITTEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2024

FEC Identification Number

C C00580100

Transaction ID : SB22.981747

Amount of Each Disbursement this Period

400000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

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).....▶

400000.00

400000.00

**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 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)

SAVE AMERICA

Full Name (Last, First, Middle Initial)

A. ARTICLE III FOUNDATION

Mailing Address PO BOX 26141

City
ALEXANDRIA

State
VA

Zip Code
22313

Purpose of Disbursement
CHARITABLE CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.980097

Amount of Each Disbursement this Period

150000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

150000.00

150000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 61 OF 64
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
SAVE AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AMBROSINI, CHRISTOPHER, , ,			Nature of Debt (Purpose): TRAVEL REIMBURSEMENT
Mailing Address P.O. BOX 13570			
City ARLINGTON	State VA	Zip Code 22219	

Outstanding Balance Beginning This Period <input type="text" value="680.44"/>	Transaction ID : SD10.979746	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="680.44"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor BLANCHE LAW			Nature of Debt (Purpose): LEGAL CONSULTING
Mailing Address 99 WALL STREET SUITE 4460			
City NEW YORK	State NY	Zip Code 10005	

Outstanding Balance Beginning This Period <input type="text" value="514817.53"/>	Transaction ID : SD10.980417	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="514817.53"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor EVENT STRATEGIES, INC.			Nature of Debt (Purpose): MOVING EXPENSE
Mailing Address 510 KING STREET SUITE 410			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="6562.14"/>	Transaction ID : SD10.979968	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="6562.14"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 62 OF 64
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
SAVE AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HABBA MADAIO & ASSOCIATES LLP			Nature of Debt (Purpose): LEGAL CONSULTING
Mailing Address 1430 U.S. HIGHWAY 206 SUITE 240			
City BEDMINSTER	State NJ	Zip Code 07921	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.983590	
Amount Incurred This Period <input type="text" value="534361.03"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="534361.03"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEAL & HARWELL, PLC			Nature of Debt (Purpose): LEGAL CONSULTING
Mailing Address 1201 DEMONBREUN STREET SUITE 1000			
City NASHVILLE	State TN	Zip Code 37203	

Outstanding Balance Beginning This Period <input type="text" value="546.26"/>	Transaction ID : SD10.979801	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="546.26"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NECHELESLAW LLP			Nature of Debt (Purpose): LEGAL CONSULTING
Mailing Address 1120 SIXTH AVENUE 4TH FLOOR			
City NEW YORK	State NY	Zip Code 10036	

Outstanding Balance Beginning This Period <input type="text" value="122030.00"/>	Transaction ID : SD10.979110	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="122030.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="534361.03"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 63 OF 64
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
SAVE AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PORTER, MADISON, , ,			Nature of Debt (Purpose): TRAVEL REIMBURSEMENT
Mailing Address P.O. BOX 13570			
City ARLINGTON	State VA	Zip Code 22219	

Outstanding Balance Beginning This Period 702.30	Transaction ID : SD10.979548	
Amount Incurred This Period 0.00	Payment This Period 702.30	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ROBERT & ROBERT, PLLC			Nature of Debt (Purpose): LEGAL CONSULTING
Mailing Address 526 RXR PLAZA			
City UNIONDALE	State NY	Zip Code 11556	

Outstanding Balance Beginning This Period 1252834.36	Transaction ID : SD10.979803	
Amount Incurred This Period 0.00	Payment This Period 1252834.36	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor VALMORE MANAGEMENT, LLC			Nature of Debt (Purpose): TRAVEL: AIR
Mailing Address 2449 N. TENAYA WAY UNIT 35290			
City LAS VEGAS	State NV	Zip Code 89133	

Outstanding Balance Beginning This Period 49246.51	Transaction ID : SD10.978775	
Amount Incurred This Period - 49246.51	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	534361.03
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) ▶	534361.03

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.978775

Line 10 'Amount Incurred This Period' value for Valmore Management, LLC reflects an administrative correction of - \$49,246.51 to the outstanding invoice from previously reported balance. This invoice has been voided as the invoice was issued in error.

Form/Schedule:

Transaction ID: