

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**WITH HONOR FUND, INC.**

ADDRESS (number and street) **PO BOX 813**  
Check if different than previously reported. (ACC) **ALEXANDRIA VA 22313-0813**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00659011** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period  /  /  2022 through  /  /  2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer **KOCH, TIMOTHY, A.,**

Signature of Treasurer **KOCH, TIMOTHY, A.,** [Electronically Filed] Date  /  /  2022

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

**WITH HONOR FUND, INC.**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>		2186560.35
(b) Cash on Hand at Beginning of Reporting Period.....	2186560.35	
(c) Total Receipts (from Line 19) .....	2511314.95	2511314.95
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	4697875.30	4697875.30
7. Total Disbursements (from Line 31).....	619824.58	619824.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4078050.72	4078050.72
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

WITH HONOR FUND, INC.

Report Covering the Period: From: 01 / 01 / 2022 To: 03 / 31 / 2022

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).....	2503194.52	2503194.52
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2503194.52	2503194.52
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	2503194.52	2503194.52
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).....	1445.00	1445.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	6675.43	6675.43
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)).....▶	2511314.95	2511314.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2511314.95	2511314.95

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	46904.39	46904.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	46904.39	46904.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	400000.00	400000.00
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 .....	50000.00	50000.00
(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)).....	50000.00	50000.00
29. Other Disbursements (Including Non-Federal Donations).....	122920.19	122920.19
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)) ..	619824.58	619824.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	619824.58	619824.58

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2503194.52	2503194.52
34. Total Contribution Refunds (from Line 28(d)) .....	50000.00	50000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2453194.52	2453194.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	46904.39	46904.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1445.00	1445.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	45459.39	45459.39

**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 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**WITH HONOR FUND, INC.**

**A. BEZOS, JACKLYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7683 SE 27TH STREET #224  
 City MERCER ISLAND State WA Zip Code 98040-2804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOT EMPLOYED Occupation (for Individual) NOT EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999097.26

Date of Receipt 03 / 04 / 2022  
**Transaction ID : ADAAF23C5CB9D4DFD95**  
 Amount of Each Receipt this Period 999097.26  
 Memo Item CONTRIBUTION

**B. BEZOS, MIGUEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7683 SE 27TH STREET #224  
 City MERCER ISLAND State WA Zip Code 98040-2804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOT EMPLOYED Occupation (for Individual) NOT EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999097.26

Date of Receipt 03 / 04 / 2022  
**Transaction ID : A651FB0D211444BE68A9**  
 Amount of Each Receipt this Period 999097.26  
 Memo Item CONTRIBUTION

**C. BRIERLEY, HAROLD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4324 SAINT JOHNS DR  
 City DALLAS State TX Zip Code 75205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE BRIERLEY GROUP LLC Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 02 / 20 / 2022  
**Transaction ID : AE6F63993537B46E98A8**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2023194.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
	<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)  
**WITH HONOR FUND, INC.**

**A. BRIERLEY, HAROLD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4324 SAINT JOHNS DR  
 City DALLAS State TX Zip Code 75205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE BRIERLEY GROUP LLC Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 02 / 20 / 2022  
**Transaction ID : A7A224D4B001C41F9AF6**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item CONTRIBUTION

**B. DIXON, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 62 LINDA VISTA AVE  
 City ATHERTON State CA Zip Code 94027-5429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FORGEPOINT CAPITAL Occupation (for Individual) VENTURE CAPITALIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 01 / 13 / 2022  
**Transaction ID : A28E350E0BB1E4C01BE1**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

**C. FINNEGAN, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1133 MICHIGAN AVE  
 City EVANSTON State IL Zip Code 60202-1437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 01 / 11 / 2022  
**Transaction ID : A1934F9CFAADB4611A61**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WITH HONOR FUND, INC.**

**A. FINNEGAN, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1133 MICHIGAN AVE  
 City EVANSTON State IL Zip Code 60202-1437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MADISON DEARBORN PARTNERS Occupation (for Individual) CO-CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 01 / 11 / 2022  
**Transaction ID : A70645049AE7C4AF49A8**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item  
 CONTRIBUTION

**B. FOSHEE, DOUGLAS, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3504 GEORGETOWN ST  
 City HOUSTON State TX Zip Code 77005-2912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SALLYPORT INVESTMENTS LLC Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 01 / 18 / 2022  
**Transaction ID : A36F19F85CFA54D6A88B**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item  
 CONTRIBUTION

**C. JONES, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3706 N. WOODROW STREET  
 City ARLINGTON State VA Zip Code 22207-4322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 02 / 07 / 2022  
**Transaction ID : A619BF10692964044B27**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250000.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WITH HONOR FUND, INC.**

**A. SHEEHAN, NINA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8301 FAIRVIEW RD  
 City CHARLOTTE State NC Zip Code 28226-5152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 08 / 2022  
**Transaction ID : A24944570607946EB863**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. SHEEHAN, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8301 FAIRVIEW ROAD  
 City CHARLOTTE State NC Zip Code 28226-5152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ELEVATION LLC Occupation (for Individual) FINANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 08 / 2022  
**Transaction ID : A6C512C85A2E44104997**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. TAYLOR, CATHERINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5600 W LOVERS LN #116-386  
 City DALLAS State TX Zip Code 75209-4360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FARMER/INVESTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 02 / 18 / 2022  
**Transaction ID : A6B133B6CEC74460684F**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item  
 REFUNDED ON 3/9/2022

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WITH HONOR FUND, INC.**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
THIEL, MICHAEL, J., ,

Mailing Address 2070 OAKLEY AVE

City MENLO PARK	State CA	Zip Code 94025-6050
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) INVESTOR
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 03 / 2022

**Transaction ID : A8346BF8E943949E5929**

Amount of Each Receipt this Period  
20000.00

Memo Item

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

Mailing Address 1250 JONES ST #702

City SAN FRANCISCO	State CA	Zip Code 94109
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) COTA CAPITAL	Occupation (for Individual) EXECUTIVE MANAGEMENT
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 13 / 2022

**Transaction ID : AFB7CA44B1433478EA60**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

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

Mailing Address

City	State	Zip Code
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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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45000.00
<b>TOTAL</b> This Period (last page this line number only).....	2503194.52

# 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 30
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WITH HONOR FUND, INC.**

**A. TRAVELERS**

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

Mailing Address PO BOX 660317

City DALLAS	State TX	Zip Code 75266-0317
----------------	-------------	------------------------

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 ▼  
1445.00

Date of Receipt  
 /  /

**Transaction ID : A8B4BF6AB164F4805828**

Amount of Each Receipt this Period  
1445.00

Memo Item  
INSURANCE REFUND

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1445.00
<b>TOTAL</b> This Period (last page this line number only).....	1445.00

**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 12 OF 30
	<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 type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WITH HONOR FUND, INC.**

**A. ELECT PRINCIPLED VETERANS FUND**

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

Mailing Address PO BOX 813

City ALEXANDRIA	State VA	Zip Code 22313-0813
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00772152

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6574.79

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	22	/	2022

**Transaction ID : A993A4DA5FA184B02A93**

Amount of Each Receipt this Period  
6574.79

Memo Item  
VIDEO FOOTAGE PURCHASE

**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
-----	---	-----	---	---------

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6574.79
<b>TOTAL</b> This Period (last page this line number only).....	6574.79

**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)  
**WITH HONOR FUND, INC.**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address ONE ADP BOULEVARD

City  
ROSELAND

State  
NJ

Zip Code  
07068-1728

Purpose of Disbursement  
TAXES & WITHHOLDINGS

001

Category/  
Type

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	1		1	2		2	0	2	2

FEC Identification Number

C [REDACTED]  
**Transaction ID : BB3CBECEB**  
Amount of Each Disbursement this Period  
[REDACTED] 246.02

Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address ONE ADP BOULEVARD

City  
ROSELAND

State  
NJ

Zip Code  
07068-1728

Purpose of Disbursement  
PAYROLL SERVICE FEE

001

Category/  
Type

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	1		2	1		2	0	2	2

FEC Identification Number

C [REDACTED]  
**Transaction ID : BDAFE9DA42**  
Amount of Each Disbursement this Period  
[REDACTED] 85.55

Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address ONE ADP BOULEVARD

City  
ROSELAND

State  
NJ

Zip Code  
07068-1728

Purpose of Disbursement  
PAYROLL SERVICE FEE

001

Category/  
Type

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	1		2	6		2	0	2	2

FEC Identification Number

C [REDACTED]  
**Transaction ID : B1E1694B7C**  
Amount of Each Disbursement this Period  
[REDACTED] 86.75

Memo Item

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

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

[REDACTED]	418.32
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[REDACTED]	
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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)  
**WITH HONOR FUND, INC.**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address ONE ADP BOULEVARD

City  
ROSELAND

State  
NJ

Zip Code  
07068-1728

Purpose of Disbursement  
TAXES & WITHHOLDINGS

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2022

FEC Identification Number

C [REDACTED]

**Transaction ID : BC9ABA16C!**

Amount of Each Disbursement this Period

[REDACTED] 246.02

Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address ONE ADP BOULEVARD

City  
ROSELAND

State  
NJ

Zip Code  
07068-1728

Purpose of Disbursement  
PAYROLL SERVICE FEE

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2022

FEC Identification Number

C [REDACTED]

**Transaction ID : BC6BB06923'**

Amount of Each Disbursement this Period

[REDACTED] 64.55

Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address ONE ADP BOULEVARD

City  
ROSELAND

State  
NJ

Zip Code  
07068-1728

Purpose of Disbursement  
TAXES & WITHHOLDINGS

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2022

FEC Identification Number

C [REDACTED]

**Transaction ID : B75595959A;**

Amount of Each Disbursement this Period

[REDACTED] 246.04

Memo Item

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

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

[REDACTED] 556.61

[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)  
**WITH HONOR FUND, INC.**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address ONE ADP BOULEVARD

City  
ROSELAND

State  
NJ

Zip Code  
07068-1728

Purpose of Disbursement  
PAYROLL SERVICE FEE

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2022

FEC Identification Number

C [REDACTED]

Transaction ID : BC039CED52

Amount of Each Disbursement this Period

[REDACTED] 21.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address ONE ADP BOULEVARD

City  
ROSELAND

State  
NJ

Zip Code  
07068-1728

Purpose of Disbursement  
PAYROLL SERVICE FEE

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2022

FEC Identification Number

C [REDACTED]

Transaction ID : B8A9CC1940!

Amount of Each Disbursement this Period

[REDACTED] 64.55

Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address ONE ADP BOULEVARD

City  
ROSELAND

State  
NJ

Zip Code  
07068-1728

Purpose of Disbursement  
TAXES & WITHHOLDINGS

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2022

FEC Identification Number

C [REDACTED]

Transaction ID : B2B175CBF:

Amount of Each Disbursement this Period

[REDACTED] 305.43

Memo Item

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

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

[REDACTED] 390.98

[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)  
**WITH HONOR FUND, INC.**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address ONE ADP BOULEVARD

City ROSELAND State NJ Zip Code 07068-1728

Purpose of Disbursement  
PAYROLL SERVICE FEE

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2022

FEC Identification Number

C [REDACTED]

Transaction ID : B14DA67448

Amount of Each Disbursement this Period

[REDACTED] 64.55

Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address ONE ADP BOULEVARD

City ROSELAND State NJ Zip Code 07068-1728

Purpose of Disbursement  
TAXES & WITHHOLDINGS

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 15 / 2022

FEC Identification Number

C [REDACTED]

Transaction ID : BC81E998E2

Amount of Each Disbursement this Period

[REDACTED] 305.43

Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address ONE ADP BOULEVARD

City ROSELAND State NJ Zip Code 07068-1728

Purpose of Disbursement  
PAYROLL SERVICE FEE

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2022

FEC Identification Number

C [REDACTED]

Transaction ID : BD2D0E0776

Amount of Each Disbursement this Period

[REDACTED] 85.55

Memo Item

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

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

[REDACTED] 455.53

[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)  
**WITH HONOR FUND, INC.**

Full Name (Last, First, Middle Initial)

### A. ADP

Mailing Address ONE ADP BOULEVARD

City  
ROSELAND

State  
NJ

Zip Code  
07068-1728

Purpose of Disbursement  
TAXES & WITHHOLDINGS

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	30	/	2022

FEC Identification Number

C [REDACTED]

Transaction ID : B3CD233453I

Amount of Each Disbursement this Period

[REDACTED] 305.43

Memo Item

Full Name (Last, First, Middle Initial)

### B. ANEDOT

Mailing Address 1340 POYDRAS ST  
SUITE 1770

City  
NEW ORLEANS

State  
LA

Zip Code  
70112-5204

Purpose of Disbursement  
CREDIT CARD PROCESSING

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	08	/	2022

FEC Identification Number

C [REDACTED]

Transaction ID : B2E42A8297C

Amount of Each Disbursement this Period

[REDACTED] 770.30

Memo Item

Full Name (Last, First, Middle Initial)

### C. ANEDOT

Mailing Address 1340 POYDRAS ST  
SUITE 1770

City  
NEW ORLEANS

State  
LA

Zip Code  
70112-5204

Purpose of Disbursement  
CREDIT CARD PROCESSING

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	23	/	2022

FEC Identification Number

C [REDACTED]

Transaction ID : B064ACD9BI

Amount of Each Disbursement this Period

[REDACTED] 1925.60

Memo Item

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

[REDACTED] 3001.33

**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)  
**WITH HONOR FUND, INC.**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1340 POYDRAS ST  
SUITE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement  
CREDIT CARD PROCESSING

Candidate Name

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

State: District:

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2022

FEC Identification Number

C  
Transaction ID : B63196DDC7  
Amount of Each Disbursement this Period  
385.60

Memo Item

Full Name (Last, First, Middle Initial)

**B. ARISTOTLE INTERNATIONAL INC.**

Mailing Address PO BOX 716045

City PHILADELPHIA State PA Zip Code 19171-6045

Purpose of Disbursement  
SOFTWARE

Candidate Name

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

State: District:

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2022

FEC Identification Number

C  
Transaction ID : B876F5F5713  
Amount of Each Disbursement this Period  
3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BARCOTT, RYE, , ,**

Mailing Address 708 IDEAL WAY

City CHARLOTTE State NC Zip Code 28203-5627

Purpose of Disbursement  
PAYROLL

Candidate Name

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

State: District:

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 12 / 2022

FEC Identification Number

C  
Transaction ID : B03A38AB1E  
Amount of Each Disbursement this Period  
481.00

Memo Item

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

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

3866.60

**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)  
**WITH HONOR FUND, INC.**

Full Name (Last, First, Middle Initial) <b>A. BARCOTT, RYE, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2022	
Mailing Address 708 IDEAL WAY		FEC Identification Number C [REDACTED] <b>Transaction ID : B11C1D97E3</b> Amount of Each Disbursement this Period 481.00	
City CHARLOTTE	State NC	Zip Code 28203-5627	Category/ Type 001
Purpose of Disbursement PAYROLL		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>B. BARCOTT, RYE, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2022	
Mailing Address 708 IDEAL WAY		FEC Identification Number C [REDACTED] <b>Transaction ID : B5A0F75BC6</b> Amount of Each Disbursement this Period 480.98	
City CHARLOTTE	State NC	Zip Code 28203-5627	Category/ Type 001
Purpose of Disbursement PAYROLL		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>C. BARCOTT, RYE, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2022	
Mailing Address 708 IDEAL WAY		FEC Identification Number C [REDACTED] <b>Transaction ID : B2985C2B77</b> Amount of Each Disbursement this Period 626.91	
City CHARLOTTE	State NC	Zip Code 28203-5627	Category/ Type 001
Purpose of Disbursement PAYROLL		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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1588.89
<b>TOTAL</b> 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)  
**WITH HONOR FUND, INC.**

Full Name (Last, First, Middle Initial) <b>A. BARCOTT, RYE, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 15 / 2022	
Mailing Address 708 IDEAL WAY		FEC Identification Number C [REDACTED] <b>Transaction ID : BE9317E02B</b> Amount of Each Disbursement this Period [REDACTED] 626.91	
City CHARLOTTE	State NC	Zip Code 28203-5627	Category/ Type 001
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. BARCOTT, RYE, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2022	
Mailing Address 708 IDEAL WAY		FEC Identification Number C [REDACTED] <b>Transaction ID : BF1B65AB32</b> Amount of Each Disbursement this Period [REDACTED] 626.91	
City CHARLOTTE	State NC	Zip Code 28203-5627	Category/ Type 001
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. BROWN ADVISORY INC.</b>		Date of Disbursement MM / DD / YYYY 01 / 18 / 2022	
Mailing Address 901 S BOND ST, STE 400		FEC Identification Number C [REDACTED] <b>Transaction ID : B34E561CB4</b> Amount of Each Disbursement this Period [REDACTED] 1317.41	
City BALTIMORE	State MD	Zip Code 21231-3340	Category/ Type 001
Purpose of Disbursement ADVISORY FEE		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 2571.23
<b>TOTAL</b> 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)  
**WITH HONOR FUND, INC.**

Full Name (Last, First, Middle Initial) <b>A. CAPLIN &amp; DRYSDALE</b>		Date of Disbursement MM / DD / YYYY 01 / 13 / 2022	
Mailing Address ONE THOMAS CIRCLE NW SUITE 1100		FEC Identification Number C [REDACTED] <b>Transaction ID : B6DBDA0133</b> Amount of Each Disbursement this Period [REDACTED] 1000.00	
City WASHINGTON State DC Zip Code 20005-5812	Purpose of Disbursement LEGAL SERVICES Candidate Name	Category/Type 001	<input type="checkbox"/> Memo Item
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>B. CAPLIN &amp; DRYSDALE</b>		Date of Disbursement MM / DD / YYYY 02 / 16 / 2022	
Mailing Address ONE THOMAS CIRCLE NW SUITE 1100		FEC Identification Number C [REDACTED] <b>Transaction ID : B525A50E824</b> Amount of Each Disbursement this Period [REDACTED] 1000.00	
City WASHINGTON State DC Zip Code 20005-5812	Purpose of Disbursement LEGAL SERVICES Candidate Name	Category/Type 001	<input type="checkbox"/> Memo Item
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>C. CAPLIN &amp; DRYSDALE</b>		Date of Disbursement MM / DD / YYYY 03 / 21 / 2022	
Mailing Address ONE THOMAS CIRCLE NW SUITE 1100		FEC Identification Number C [REDACTED] <b>Transaction ID : BC0AD355D</b> Amount of Each Disbursement this Period [REDACTED] 1000.00	
City WASHINGTON State DC Zip Code 20005-5812	Purpose of Disbursement LEGAL SERVICES Candidate Name	Category/Type 001	<input type="checkbox"/> Memo Item
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)..... ▶

[REDACTED] 3000.00

**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)  
**WITH HONOR FUND, INC.**

Full Name (Last, First, Middle Initial) <b>A. DUFRAYNE, FRANCIS, J., ,</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2022	
Mailing Address 2582 PLUM TREE COURT		FEC Identification Number C [REDACTED] <b>Transaction ID : BD754DA1DI</b> Amount of Each Disbursement this Period 584.42	
City VIENNA	State VA	Zip Code 22181-5413	Category/ Type 001
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. DUFRAYNE, FRANCIS, J., ,</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2022	
Mailing Address 2582 PLUM TREE COURT		FEC Identification Number C [REDACTED] <b>Transaction ID : BBCE706B35</b> Amount of Each Disbursement this Period 584.42	
City VIENNA	State VA	Zip Code 22181-5413	Category/ Type 001
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. DUFRAYNE, FRANCIS, J., ,</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2022	
Mailing Address 2582 PLUM TREE COURT		FEC Identification Number C [REDACTED] <b>Transaction ID : B12FD74411</b> Amount of Each Disbursement this Period 584.42	
City VIENNA	State VA	Zip Code 22181-5413	Category/ Type 001
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1753.26
<b>TOTAL</b> 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)  
**WITH HONOR FUND, INC.**

Full Name (Last, First, Middle Initial) <b>A. DUFRAYNE, FRANCIS, J., ,</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2022	
Mailing Address 2582 PLUM TREE COURT		FEC Identification Number C [REDACTED] <b>Transaction ID : BE56CF87A4</b> Amount of Each Disbursement this Period 635.98	
City VIENNA	State VA	Zip Code 22181-5413	Category/ Type 001
Purpose of Disbursement PAYROLL			
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>B. DUFRAYNE, FRANCIS, J., ,</b>		Date of Disbursement MM / DD / YYYY 03 / 15 / 2022	
Mailing Address 2582 PLUM TREE COURT		FEC Identification Number C [REDACTED] <b>Transaction ID : BC66C239E2</b> Amount of Each Disbursement this Period 635.98	
City VIENNA	State VA	Zip Code 22181-5413	Category/ Type 001
Purpose of Disbursement PAYROLL			
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>C. DUFRAYNE, FRANCIS, J., ,</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2022	
Mailing Address 2582 PLUM TREE COURT		FEC Identification Number C [REDACTED] <b>Transaction ID : B39AA0C9C1</b> Amount of Each Disbursement this Period 635.98	
City VIENNA	State VA	Zip Code 22181-5413	Category/ Type 001
Purpose of Disbursement PAYROLL			
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1907.94
<b>TOTAL</b> 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)  
**WITH HONOR FUND, INC.**

Full Name (Last, First, Middle Initial) <b>A. FORTIUM PARTNERS LP</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2022	
Mailing Address PO BOX 733128		FEC Identification Number C [REDACTED] <b>Transaction ID : B84A9A31A1</b> Amount of Each Disbursement this Period [REDACTED] 750.00	
City DALLAS	State TX	Zip Code 75373-3128	Category/ Type 001
Purpose of Disbursement IT SERVICES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. FORTIUM PARTNERS LP</b>		Date of Disbursement MM / DD / YYYY 02 / 16 / 2022	
Mailing Address PO BOX 733128		FEC Identification Number C [REDACTED] <b>Transaction ID : B33A33C5E11</b> Amount of Each Disbursement this Period [REDACTED] 750.00	
City DALLAS	State TX	Zip Code 75373-3128	Category/ Type 001
Purpose of Disbursement IT SERVICES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. FORTIUM PARTNERS LP</b>		Date of Disbursement MM / DD / YYYY 03 / 21 / 2022	
Mailing Address PO BOX 733128		FEC Identification Number C [REDACTED] <b>Transaction ID : BAC6A2AC5</b> Amount of Each Disbursement this Period [REDACTED] 750.00	
City DALLAS	State TX	Zip Code 75373-3128	Category/ Type 001
Purpose of Disbursement IT SERVICES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State:	District:		

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

[REDACTED] 2250.00

**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)  
**WITH HONOR FUND, INC.**

Full Name (Last, First, Middle Initial) <b>A. KOCH &amp; HOOS, LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2022
Mailing Address 901 N WASHINGTON ST STE 700		FEC Identification Number C [REDACTED] <b>Transaction ID : BE9C735291/</b> Amount of Each Disbursement this Period 880.00
City ALEXANDRIA	State VA	Zip Code 22314-1535
Purpose of Disbursement PAC ACCOUNTING/COMPLIANCE SERVICES		001 Category/Type
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>B. KOCH &amp; HOOS, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 03 / 2022
Mailing Address 901 N WASHINGTON ST STE 700		FEC Identification Number C [REDACTED] <b>Transaction ID : B4A705C1A5I</b> Amount of Each Disbursement this Period 1200.00
City ALEXANDRIA	State VA	Zip Code 22314-1535
Purpose of Disbursement PAC ACCOUNTING/COMPLIANCE SERVICES		001 Category/Type
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>C. LILLY &amp; COMPANY</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2022
Mailing Address 1005 CONGRESS AVENUE SUITE 400		FEC Identification Number C [REDACTED] <b>Transaction ID : B8E045CA46</b> Amount of Each Disbursement this Period 3250.00
City AUSTIN	State TX	Zip Code 78704
Purpose of Disbursement FUNDRAISING CONSULTING		001 Category/Type
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)..... ▶

5330.00

**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)  
**WITH HONOR FUND, INC.**

**A. LILLY & COMPANY**

Full Name (Last, First, Middle Initial)

Mailing Address 1005 CONGRESS AVENUE  
SUITE 400

City AUSTIN State TX Zip Code 78704

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 16 / 2022

FEC Identification Number: C

Transaction ID : B9F618BF50

Amount of Each Disbursement this Period: 3250.00

Memo Item

**B. LILLY & COMPANY**

Full Name (Last, First, Middle Initial)

Mailing Address 1005 CONGRESS AVENUE  
SUITE 400

City AUSTIN State TX Zip Code 78704

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 21 / 2022

FEC Identification Number: C

Transaction ID : BAAABED59

Amount of Each Disbursement this Period: 3250.00

Memo Item

**C. PERCIPIENT STRATEGIES LLC**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 71613

City WASHINGTON State DC Zip Code 20024-1613

Purpose of Disbursement RESEARCH CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 16 / 2022

FEC Identification Number: C

Transaction ID : B45A5CB10E

Amount of Each Disbursement this Period: 2275.00

Memo Item

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

8775.00

**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)  
**WITH HONOR FUND, INC.**

Full Name (Last, First, Middle Initial)

## A. PERCIPIENT STRATEGIES LLC

Mailing Address PO BOX 71613

City  
WASHINGTON

State  
DC

Zip Code  
20024-1613

Purpose of Disbursement  
RESEARCH CONSULTING

001

Category/  
Type

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	3		2	1		2	0	2	2

FEC Identification Number

C [REDACTED]

Transaction ID : BC13EA712D

Amount of Each Disbursement this Period

[REDACTED] 2300.00

Memo Item

Full Name (Last, First, Middle Initial)

## B. US TREASURY

Mailing Address INTERNAL REVENUE SERVICE CENTER

City  
OGDEN

State  
UT

Zip Code  
84201

Purpose of Disbursement  
TAXES

001

Category/  
Type

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	3		3	0		2	0	2	2

FEC Identification Number

C [REDACTED]

Transaction ID : B16BFB1418/

Amount of Each Disbursement this Period

[REDACTED] 8123.30

Memo Item

Full Name (Last, First, Middle Initial)

## C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[REDACTED]

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C [REDACTED]

Amount of Each Disbursement this Period

[REDACTED]

Memo Item

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

[REDACTED] 10423.30

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

[REDACTED] 46288.99

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

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NAME OF COMMITTEE (In Full)  
**WITH HONOR FUND, INC.**

Full Name (Last, First, Middle Initial)

**A. ELECT PRINCIPLED VETERANS FUND**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		19		2022

Mailing Address PO BOX 813

FEC Identification Number

C 000772152

**Transaction ID : BEC237B9C0**

Amount of Each Disbursement this Period

200000.00

Memo Item

City ALEXANDRIA State VA Zip Code 22313-0813

Purpose of Disbursement  
CONTRIBUTION

011
Category/ Type

Candidate Name  
**ELECT PRINCIPLED VETERANS FUND**

Office Sought:  House  Senate  President  
Disbursement For: 2022  
 Primary  General  
 Other (specify) **ANNUAL**

Full Name (Last, First, Middle Initial)

**B. ELECT PRINCIPLED VETERANS FUND**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		17		2022

Mailing Address PO BOX 813

FEC Identification Number

C 000772152

**Transaction ID : B51DD22B73'**

Amount of Each Disbursement this Period

200000.00

Memo Item

City ALEXANDRIA State VA Zip Code 22313-0813

Purpose of Disbursement  
CONTRIBUTION

011
Category/ Type

Candidate Name  
**ELECT PRINCIPLED VETERANS FUND**

Office Sought:  House  Senate  President  
Disbursement For: 2022  
 Primary  General  
 Other (specify) **ANNUAL**

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

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

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

400000.00

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

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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WITH HONOR FUND, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**TAYLOR, CATHERINE, , ,**

Date of Disbursement  
MM / DD / YYYY  
03 / 09 / 2022

Mailing Address 5600 W LOVERS LN  
#116-386

City DALLAS State TX Zip Code 75209-4360

Purpose of Disbursement REFUND

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Category/Type: 010

FEC Identification Number: C

Transaction ID : B03A67D5A0

Amount of Each Disbursement this Period: 50000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)

Date of Disbursement  
MM / DD / YYYY

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

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Date of Disbursement  
MM / DD / YYYY

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

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	50000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	50000.00

**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)  
**WITH HONOR FUND, INC.**

Full Name (Last, First, Middle Initial)

**A. US BANK**

Mailing Address 425 WALNUT ST

City  
CINCINNATI

State  
OH

Zip Code  
45202

Purpose of Disbursement  
LOSS ON STOCK SALE

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼  
ANNUAL

State: District:

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : B4D48BD425  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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