

# 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**  
**34N22, INC.**

ADDRESS (number and street) **C/O BULLDOG COMPLIANCE**  
**138 CONANT STREET STE 202**  
 Check if different than previously reported. (ACC) **BEVERLY** **MA** **01915**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** **C00789339** 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 **GANTT, CHARLES, ,**

Signature of Treasurer **GANTT, CHARLES, ,** [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**

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Page 2

Write or Type Committee Name

**34N22, 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"/>	<input type="text" value="505635.66"/>	<input type="text" value="505635.66"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="505635.66"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="3251682.49"/>	<input type="text" value="3251682.49"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="3757318.15"/>	<input type="text" value="3757318.15"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="443647.37"/>	<input type="text" value="443647.37"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3313670.78"/>	<input type="text" value="3313670.78"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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  
**34N22, INC.**

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

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).....	3249600.00	3249600.00
(ii) Unitemized .....	159.00	159.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3249759.00	3249759.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1923.49	1923.49
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	3251682.49	3251682.49
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3251682.49	3251682.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3251682.49	3251682.49

**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 .....	248440.35	248440.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	248440.35	248440.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	195207.02	195207.02
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	443647.37	443647.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	443647.37	443647.37

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3251682.49	3251682.49
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3251682.49	3251682.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	248440.35	248440.35
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	248440.35	248440.35

**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 34
	<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)  
**34N22, INC.**

**A. BLANCHARD, JAMES, D, , JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1530 KIESWETTER RD  
 City HOLLAND State OH Zip Code 43528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLANCHARD TREE SERVICE Occupation (for Individual) ARBORIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 24 / 2022  
**Transaction ID : SA11AI.4261**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. DILICK, MATT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1144 FUQUA ST STE 200  
 City HOUSTON State TX Zip Code 77089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) ENTREPRENEUR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 14200.00

Date of Receipt 03 / 31 / 2022  
**Transaction ID : SA11AI.4294**  
 Amount of Each Receipt this Period 14200.00  
 Memo Item

**C. GOODMAN, MURRAY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 777 S FLAGLER DR STE 221  
 City WEST PALM BEACH State FL Zip Code 33401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE GOODMAN COMPANY Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 17 / 2022  
**Transaction ID : SA11AI.4270**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 20200.00  
**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 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <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)  
**34N22, INC.**

**A. GRAHAM, APRIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11821 CHAPELWOOD LN  
 City HOUSTON State TX Zip Code 77024  
 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 ▼ 25000.00

Date of Receipt **01 / 07 / 2022**  
**Transaction ID : SA11AI.4253**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item

**B. GRAHAM, JAY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11821 CHAPELWOOD LN  
 City HOUSTON State TX Zip Code 77024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **SPUR ENERGY PARTNERS, LLC** Occupation (for Individual) **CEO**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt **01 / 07 / 2022**  
**Transaction ID : SA11AI.4251**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item

**C. HAVERLY, VICTOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 307 ALISO ST.  
 City VENTURA State CA Zip Code 93001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **HAVERLY SYSTEMS INC.** Occupation (for Individual) **PRESIDENT**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 24 / 2022**  
**Transaction ID : SA11AI.4272**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50500.00
<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 34
<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)  
**34N22, INC.**

**A. HAVERLY, VICTOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 307 ALISO ST.  
 City VENTURA State CA Zip Code 93001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HAVERLY SYSTERMS INC. Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 17 / 2022**  
**Transaction ID : SA11AI.4284**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. JACOBY, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 725 ROCKINGHAM DRIVE  
 City IRVING State TX Zip Code 75063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RISK CONSULTING PARTNERS Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 05 / 2022**  
**Transaction ID : SA11AI.4264**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. JOHNSON, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1220 SOUTH OCEAN BLVD.  
 City PALM BEACH State FL Zip Code 33480  
 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 **01 / 10 / 2022**  
**Transaction ID : SA11AI.4255**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105500.00
<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 34
<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)  
**34N22, INC.**

**A. LANGONE, KENNETH, G, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 375 PARK AVE  
STE 2205

City NEW YORK State NY Zip Code 10152

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 78400.00

Date of Receipt 02 / 17 / 2022  
**Transaction ID : SA11AI.4268**

Amount of Each Receipt this Period 78400.00

Memo Item

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

Mailing Address 1266 WEST PACES FERRY RD.  
STE 6

City ATLANTA State GA Zip Code 30327

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

Name of Employer (for Individual) THE MARCUS FOUNDATION Occupation (for Individual) PHILANTHROPIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000000.00

Date of Receipt 03 / 21 / 2022  
**Transaction ID : SA11AI.4289**

Amount of Each Receipt this Period 1000000.00

Memo Item

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

Mailing Address 5505 BLUE LAGOON DRIVE

City MIAMI State FL Zip Code 33126

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

Name of Employer (for Individual) EXECUTIVE CHAIRMAN Occupation (for Individual) LENNAR CORPORATION

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt 03 / 30 / 2022  
**Transaction ID : SA11AI.4414**

Amount of Each Receipt this Period 100000.00

Memo Item  
SOLE PROPRIETOR ATTRIBUTION: TREAD STANDARD LLC [SA11AI:4292]

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1078400.00

**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 34
<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)  
**34N22, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. PELTZ, NELSON, , ,</b>		Date of Receipt MM / DD / YYYY 02 / 01 / 2022
Mailing Address 548 N COUNTY ROAD		<b>Transaction ID : SA11AI.4262</b>
City PALM BEACH	State FL	Zip Code 33480
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25000.00	
Name of Employer (for Individual) TRIAN FUND	Occupation (for Individual) EXECUTIVE	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. PELTZ, NELSON, , ,</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2022
Mailing Address 548 N COUNTY ROAD		<b>Transaction ID : SA11AI.4273</b>
City PALM BEACH	State FL	Zip Code 33480
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25000.00	
Name of Employer (for Individual) TRIAN FUND	Occupation (for Individual) EXECUTIVE	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. PELTZ, NELSON, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 28 / 2022
Mailing Address 548 N COUNTY ROAD		<b>Transaction ID : SA11AI.4290</b>
City PALM BEACH	State FL	Zip Code 33480
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25000.00	
Name of Employer (for Individual) TRIAN FUND	Occupation (for Individual) EXECUTIVE	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 75000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75000.00
<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:	PAGE 11 OF 34
(check only one)	
<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)  
**34N22, INC.**

**A. REES-JONES, JAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8111 WESTCHESTER DR  
 STE 900  
 City DALLAS State TX Zip Code 75225  
 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 **03 / 10 / 2022**  
**Transaction ID : SA11AI.4281**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item

**B. REES-JONES, TREVOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8111 WESTCHESTER DR  
 STE 900  
 City DALLAS State TX Zip Code 75225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **CHIEF OIL & GAS** Occupation (for Individual) **OWNER/CEO**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt **03 / 10 / 2022**  
**Transaction ID : SA11AI.4279**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item

**C. ROSE, MATTHEW, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1110 POST OAK PL  
 City WESTLAKE State TX Zip Code 76262  
 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 ▼ 20000.00

Date of Receipt **03 / 21 / 2022**  
**Transaction ID : SA11AI.4288**  
 Amount of Each Receipt this Period 20000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120000.00
<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 12 OF 34
<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)  
**34N22, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. TEXTILE RUBBER AND CHEMICAL CO**

Mailing Address 1400 TIARCO DRIVE

City DALTON	State GA	Zip Code 30721
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	20	/	2022

**Transaction ID : SA11AI.4259**

Amount of Each Receipt this Period  
100000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. TREAD STANDARD LLC**

Mailing Address CORPORATION TRUST CENTER  
1209 N ORANGE ST

City WILMINGTON	State DE	Zip Code 19801
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  

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

**Transaction ID : SA11AI.4292**

Amount of Each Receipt this Period  
100000.00

Memo Item  
SEE SOLE PROPRIETOR ATTRIBUTION [SA11AI.4414]

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

Mailing Address 1396 N WAUKEGAN RD

City LAKE FOREST	State IL	Zip Code 60045
---------------------	-------------	-------------------

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

Name of Employer (for Individual) ULINE	Occupation (for Individual) CEO AND FOUNDER
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2022

**Transaction ID : SA11AI.4283**

Amount of Each Receipt this Period  
1000000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200000.00
<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 13 OF 34
	<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)  
**34N22, INC.**

**A. WASHINGTON, DENNIS, ROY, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 INTERNATIONAL DR.  
 City MISSOULA State MT Zip Code 59808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE WASHINGTON COMPANIES Occupation (for Individual) FOUNDER AND OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500000.00

Date of Receipt **03 / 04 / 2022**  
**Transaction ID : SA11AI.4277**  
 Amount of Each Receipt this Period 500000.00  
 Memo Item

**B. WYNN, ANDREA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2449 N TENAYA WAY UNIT 35290  
 City LAS VEGAS State NV Zip Code 89133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VALMORE GP Occupation (for Individual) ENTREPRENEUR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt **01 / 05 / 2022**  
**Transaction ID : SA11AI.4249**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item

**C. WYNN, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2449 N TENAYA WAY UNIT 35290  
 City LAS VEGAS State NV Zip Code 89133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VALMORE GP Occupation (for Individual) ENTREPRENEUR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt **01 / 05 / 2022**  
**Transaction ID : SA11AI.4247**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600000.00
<b>TOTAL</b> This Period (last page this line number only).....	3249600.00

**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 14 OF 34
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**34N22, INC.**

**A. SAVE THE US SENATE PAC**

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

Mailing Address 228 S WASHINGTON ST #115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00763730

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1923.49

Date of Receipt: 01 / 11 / 2022  
**Transaction ID : SA11C.4295**

Amount of Each Receipt this Period: 1923.49

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

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).....▶	1923.49
<b>TOTAL</b> This Period (last page this line number only).....▶	1923.49

**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)  
**34N22, INC.**

Full Name (Last, First, Middle Initial)

**A. AMERICA RISING CORPORATION**

Date of Disbursement

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

Mailing Address 1500 WILSON BLVD  
5TH FLR

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
RESEARCH CONSULTING

FEC Identification Number

C [ ]

Transaction ID : SB21B.4190  
Amount of Each Disbursement this Period

[ ] 2000.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. AMERICA RISING CORPORATION**

Date of Disbursement

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

Mailing Address 1500 WILSON BLVD  
5TH FLR

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
RESEARCH CONSULTING

FEC Identification Number

C [ ]

Transaction ID : SB21B.4191  
Amount of Each Disbursement this Period

[ ] 2000.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. AMERICA RISING CORPORATION**

Date of Disbursement

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

Mailing Address 1500 WILSON BLVD  
5TH FLR

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
RESEARCH CONSULTING

FEC Identification Number

C [ ]

Transaction ID : SB21B.4192  
Amount of Each Disbursement this Period

[ ] 2000.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

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

[ ] 6000.00

**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)  
**34N22, INC.**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1920 MCKINNEY AVE  
7TH FLOOR

City DALLAS State TX Zip Code 75201

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.4194  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1920 MCKINNEY AVE  
7TH FLOOR

City DALLAS State TX Zip Code 75201

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.4195  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1920 MCKINNEY AVE  
7TH FLOOR

City DALLAS State TX Zip Code 75201

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.4196  
Amount of Each Disbursement this Period

Memo Item

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

**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)  
**34N22, INC.**

Full Name (Last, First, Middle Initial) <b>A. ANEDOT</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2022
Mailing Address 1920 MCKINNEY AVE 7TH FLOOR		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4197</b>
City DALLAS	State TX	Zip Code 75201
Purpose of Disbursement MERCHANT FEE		Amount of Each Disbursement this Period [REDACTED] 4.30
Candidate Name		<input type="checkbox"/> Memo Item
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. ANEDOT</b>		Date of Disbursement MM / DD / YYYY 03 / 22 / 2022
Mailing Address 1920 MCKINNEY AVE 7TH FLOOR		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4198</b>
City DALLAS	State TX	Zip Code 75201
Purpose of Disbursement MERCHANT FEE		Amount of Each Disbursement this Period [REDACTED] 21.96
Candidate Name		<input type="checkbox"/> Memo Item
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. BATTLEGROUND STRATEGIES</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2022
Mailing Address 1913 SKYFALL CIR		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4199</b>
City BROOKHAVEN	State GA	Zip Code 30319
Purpose of Disbursement COMMUNICATIONS CONSULTING		Amount of Each Disbursement this Period [REDACTED] 7704.00
Candidate Name		<input type="checkbox"/> Memo Item
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).....▶	[REDACTED] 7730.26
<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)  
**34N22, INC.**

**A. BATTLEGROUND STRATEGIES**

Full Name (Last, First, Middle Initial)

Mailing Address 1913 SKYFALL CIR

City BROOKHAVEN State GA Zip Code 30319

Purpose of Disbursement COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2022

FEC Identification Number

C  
Transaction ID : SB21B.4200  
Amount of Each Disbursement this Period  
7925.00

Memo Item

**B. BULLDOG COMPLIANCE**

Full Name (Last, First, Middle Initial)

Mailing Address 138 CONANT ST STE 202

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)

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 12 / 2022

FEC Identification Number

C  
Transaction ID : SB21B.4201  
Amount of Each Disbursement this Period  
1500.00

Memo Item

**C. BULLDOG COMPLIANCE**

Full Name (Last, First, Middle Initial)

Mailing Address 138 CONANT ST STE 202

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement COMPLIANCE CONSULTING EXPENSES: POSTAGE AND DELIVERY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 27 / 2022

FEC Identification Number

C  
Transaction ID : SB21B.4202  
Amount of Each Disbursement this Period  
16.18

Memo Item

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

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

9441.18

**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)  
**34N22, INC.**

Full Name (Last, First, Middle Initial) <b>A. BULLDOG COMPLIANCE</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2022
Mailing Address 138 CONANT ST STE 202		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4203</b>
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement COMPLIANCE CONSULTING EXPENSES: POSTAGE AND DELIVERY		Amount of Each Disbursement this Period [ ] 16.58
Candidate Name		<input type="checkbox"/> Memo Item
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. BULLDOG COMPLIANCE</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2022
Mailing Address 138 CONANT ST STE 202		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4204</b>
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement COMPLIANCE CONSULTING		Amount of Each Disbursement this Period [ ] 1500.00
Candidate Name		<input type="checkbox"/> Memo Item
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. BULLDOG COMPLIANCE</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2022
Mailing Address 138 CONANT ST STE 202		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4205</b>
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement COMPLIANCE CONSULTING		Amount of Each Disbursement this Period [ ] 1500.00
Candidate Name		<input type="checkbox"/> Memo Item
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).....▶	[ ] 3016.58
<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)  
**34N22, INC.**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 01 / 27 / 2022	
Mailing Address 1445-A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4214</b> Amount of Each Disbursement this Period 25.00	
City MCLEAN	State VA	Zip Code 22101	Category/ Type
Purpose of Disbursement BANK FEE			
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. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 01 / 27 / 2022	
Mailing Address 1445-A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4215</b> Amount of Each Disbursement this Period 25.00	
City MCLEAN	State VA	Zip Code 22101	Category/ Type
Purpose of Disbursement BANK FEE			
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. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2022	
Mailing Address 1445-A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4216</b> Amount of Each Disbursement this Period 25.00	
City MCLEAN	State VA	Zip Code 22101	Category/ Type
Purpose of Disbursement BANK FEE			
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).....▶	75.00
<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)  
**34N22, INC.**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2022	
Mailing Address 1445-A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4217</b> Amount of Each Disbursement this Period [REDACTED] 2.50	
City MCLEAN	State VA	Zip Code 22101	Category/ Type [REDACTED]
Purpose of Disbursement BANK 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:			

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2022	
Mailing Address 1445-A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4218</b> Amount of Each Disbursement this Period [REDACTED] 25.00	
City MCLEAN	State VA	Zip Code 22101	Category/ Type [REDACTED]
Purpose of Disbursement BANK 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:			

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2022	
Mailing Address 1445-A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4219</b> Amount of Each Disbursement this Period [REDACTED] 25.00	
City MCLEAN	State VA	Zip Code 22101	Category/ Type [REDACTED]
Purpose of Disbursement BANK 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] 52.50
<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)  
**34N22, INC.**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2022	
Mailing Address 1445-A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4220</b>	
City MCLEAN	State VA	Zip Code 22101	Amount of Each Disbursement this Period [REDACTED] 25.00
Purpose of Disbursement BANK FEE		Category/ Type	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2022	
Mailing Address 1445-A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4221</b>	
City MCLEAN	State VA	Zip Code 22101	Amount of Each Disbursement this Period [REDACTED] 25.00
Purpose of Disbursement BANK FEE		Category/ Type	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 02 / 11 / 2022	
Mailing Address 1445-A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4222</b>	
City MCLEAN	State VA	Zip Code 22101	Amount of Each Disbursement this Period [REDACTED] 25.00
Purpose of Disbursement BANK FEE		Category/ Type	Memo Item <input type="checkbox"/>
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 75.00
<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)  
**34N22, INC.**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 02 / 16 / 2022	
Mailing Address 1445-A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4223</b>	
City MCLEAN	State VA	Zip Code 22101	Amount of Each Disbursement this Period [REDACTED] 25.00
Purpose of Disbursement BANK FEE		Category/ Type	<input type="checkbox"/> Memo Item
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:			

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 02 / 16 / 2022	
Mailing Address 1445-A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4224</b>	
City MCLEAN	State VA	Zip Code 22101	Amount of Each Disbursement this Period [REDACTED] 25.00
Purpose of Disbursement BANK FEE		Category/ Type	<input type="checkbox"/> Memo Item
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:			

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2022	
Mailing Address 1445-A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4225</b>	
City MCLEAN	State VA	Zip Code 22101	Amount of Each Disbursement this Period [REDACTED] 2.50
Purpose of Disbursement BANK FEE		Category/ Type	<input type="checkbox"/> Memo Item
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 52.50
<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)  
**34N22, INC.**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2022	
Mailing Address 1445-A LAUGHLIN AVE.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4226</b> Amount of Each Disbursement this Period [ ] 25.00	
City MCLEAN	State VA	Zip Code 22101	Category/ Type [ ]
Purpose of Disbursement BANK 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:			

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2022	
Mailing Address 1445-A LAUGHLIN AVE.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4227</b> Amount of Each Disbursement this Period [ ] 25.00	
City MCLEAN	State VA	Zip Code 22101	Category/ Type [ ]
Purpose of Disbursement BANK 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:			

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2022	
Mailing Address 1445-A LAUGHLIN AVE.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4228</b> Amount of Each Disbursement this Period [ ] 25.00	
City MCLEAN	State VA	Zip Code 22101	Category/ Type [ ]
Purpose of Disbursement BANK 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).....▶	[ ] 75.00
<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)  
**34N22, INC.**

Full Name (Last, First, Middle Initial) <b>A. MARATHON STRATEGIC COMMUNICATIONS, INC.</b>		Date of Disbursement MM / DD / YYYY 01 / 27 / 2022
Mailing Address 3771 VINECREST DR		FEC Identification Number C <b>Transaction ID : SB21B.4229</b> Amount of Each Disbursement this Period 15000.00
City DALLAS	State TX	
Purpose of Disbursement COMMUNICATIONS CONSULTING		Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) <b>B. MARATHON STRATEGIC COMMUNICATIONS, INC.</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2022
Mailing Address 3771 VINECREST DR		FEC Identification Number C <b>Transaction ID : SB21B.4230</b> Amount of Each Disbursement this Period 15000.00
City DALLAS	State TX	
Purpose of Disbursement COMMUNICATIONS CONSULTING		Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) <b>C. MARATHON STRATEGIC COMMUNICATIONS, INC.</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2022
Mailing Address 3771 VINECREST DR		FEC Identification Number C <b>Transaction ID : SB21B.4231</b> Amount of Each Disbursement this Period 15000.00
City DALLAS	State TX	
Purpose of Disbursement COMMUNICATIONS CONSULTING		Memo Item <input type="checkbox"/>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	45000.00
<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)  
**34N22, INC.**

Full Name (Last, First, Middle Initial) <b>A. MAYBELL GROUP, LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2022	
Mailing Address PO BOX 461798		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4232</b> Amount of Each Disbursement this Period 10000.00	
City AURORA	State CO	Zip Code 80046	Category/ Type [ ]
Purpose of Disbursement FUNDRAISING CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. MAYBELL GROUP, LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 21 / 2022	
Mailing Address PO BOX 461798		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4233</b> Amount of Each Disbursement this Period 10000.00	
City AURORA	State CO	Zip Code 80046	Category/ Type [ ]
Purpose of Disbursement FUNDRAISING CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. MEREDITH O'ROURKE</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2022	
Mailing Address 7222 ANHINGA FARMS ROAD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4235</b> Amount of Each Disbursement this Period 2229.39	
City TALLAHASSEE	State FL	Zip Code 32309	Category/ Type [ ]
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES IF REQUIRED		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).....▶	22229.39
<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)  
**34N22, INC.**

Full Name (Last, First, Middle Initial) <b>A. ONMESSAGE INC</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2022
Mailing Address 705 MELVIN AVE #105		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4236</b> Amount of Each Disbursement this Period 61280.00
City ANNAPOLIS	State MD	Zip Code 21401
Purpose of Disbursement POLLING EXPENSE		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>B. PLAYA ENTERTAINMENT LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 21 / 2022
Mailing Address 2123 SHUMMARD OAK LN		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4238</b> Amount of Each Disbursement this Period 16218.46
City IRVING	State TX	Zip Code 75063
Purpose of Disbursement STRATEGY CONSULTING AND ADMINISTRATIVE SUPPORT		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>C. PLAYA ENTERTAINMENT LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2022
Mailing Address 2123 SHUMMARD OAK LN		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4239</b> Amount of Each Disbursement this Period 13000.00
City IRVING	State TX	Zip Code 75063
Purpose of Disbursement STRATEGY CONSULTING AND ADMINISTRATIVE SUPPORT		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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	90498.46
<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)  
**34N22, INC.**

Full Name (Last, First, Middle Initial) <b>A. PLAYA ENTERTAINMENT LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2022
Mailing Address 2123 SHUMMARD OAK LN		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4240</b> Amount of Each Disbursement this Period 16195.08
City IRVING	State TX	Zip Code 75063
Purpose of Disbursement STRATEGY CONSULTING AND ADMINISTRATIVE SUPPORT		Category/ Type
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. STATECRAFT PLLC</b>		Date of Disbursement MM / DD / YYYY 01 / 07 / 2022
Mailing Address 649 N FOURTH AVE STE B		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4241</b> Amount of Each Disbursement this Period 10000.00
City PHOENIX	State AZ	Zip Code 85003
Purpose of Disbursement LEGAL CONSULTING		Category/ Type
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. STATECRAFT PLLC</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2022
Mailing Address 649 N FOURTH AVE STE B		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4242</b> Amount of Each Disbursement this Period 10000.00
City PHOENIX	State AZ	Zip Code 85003
Purpose of Disbursement LEGAL CONSULTING		Category/ Type
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)..... ▶

36195.08

**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)  
**34N22, INC.**

Full Name (Last, First, Middle Initial) <b>A. STRATEGIC PARTNERS &amp; MEDIA, LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 07 / 2022
Mailing Address 1851A MCGUCKIAN ST		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4189</b> Amount of Each Disbursement this Period [ ] 7500.00
City ANNAPOLIS	State MD	Zip Code 21401
Purpose of Disbursement DIGITAL CONSULTING		Category/ Type [ ]
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. STRATEGIC PARTNERS &amp; MEDIA, LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 27 / 2022
Mailing Address 1851A MCGUCKIAN ST		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4243</b> Amount of Each Disbursement this Period [ ] 5000.00
City ANNAPOLIS	State MD	Zip Code 21401
Purpose of Disbursement LIST RENTAL		Category/ Type [ ]
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. STRATEGIC PARTNERS &amp; MEDIA, LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2022
Mailing Address 1851A MCGUCKIAN ST		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4244</b> Amount of Each Disbursement this Period [ ] 7500.00
City ANNAPOLIS	State MD	Zip Code 21401
Purpose of Disbursement DIGITAL CONSULTING		Category/ Type [ ]
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).....▶	[ ] 20000.00
<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

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)  
**34N22, INC.**

**A. STRATEGIC PARTNERS & MEDIA, LLC**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1851A MCGUCKIAN ST

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2022

City ANNAPOLIS

State MD

Zip Code 21401

FEC Identification Number

Purpose of Disbursement  
DIGITAL CONSULTING

C

Candidate Name

Category/  
Type

**Transaction ID : SB21B.4245**

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

7500.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

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

City

State

Zip Code

FEC Identification Number

Purpose of Disbursement

C

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

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

City

State

Zip Code

FEC Identification Number

Purpose of Disbursement

C

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

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

7500.00

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

248162.85

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
34N22, INC.
FEC IDENTIFICATION NUMBER
C C00789339

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

Full Name of Payee
ONMESSAGE INC
Mailing Address
705 MELVIN AVE #105
City
ANNAPOLIS State
MD Zip Code
21401
Purpose of Expenditure
PRODUCTION COST: DIGITAL AD
Category/Type
Date of Public Distribution/Dissemination
02 / 15 / 2022
Amount
4000.00
Transaction ID : SE.4185
Date of Disbursement or Obligation
02 / 16 / 2022

Name of Federal Candidate:
WARNOCK, RAPHAEL, ,
Support Oppose
Office Sought:
House Senate State: GA
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
ONMESSAGE INC
Mailing Address
705 MELVIN AVE #105
City
ANNAPOLIS State
MD Zip Code
21401
Purpose of Expenditure
PRODUCTION COST: DIGITAL AD
Category/Type
Date of Public Distribution/Dissemination
03 / 15 / 2022
Amount
8000.00
Transaction ID : SE.4298
Date of Disbursement or Obligation
03 / 15 / 2022

Name of Federal Candidate:
WARNOCK, RAPHAEL, ,
Support Oppose
Office Sought:
House Senate State: GA
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ..... 12000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures .....

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

GANTT, CHARLES, ,

[Electronically Filed]

Date

07 / 06 / 2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
34N22, INC.
FEC IDENTIFICATION NUMBER
C C00789339

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

Full Name of Payee: RED OCTOBER PRODUCTIONS
Mailing Address: 1851A MCGUCKIAN STREET
City: ANNAPOLIS, State: MD, Zip Code: 21401
Purpose of Expenditure: PRODUCTION COST: VIDEO
Category/Type:
Date of Public Distribution/Dissemination: 02/15/2022
Amount: 31250.00
Transaction ID: SE.4182
Date of Disbursement or Obligation: 01/21/2022

Name of Federal Candidate: WALKER, HERSCHEL, ,
Support: [X] Oppose: [ ]
Office Sought: [ ] House [X] Senate [ ]
State: GA
Calendar Year-To-Date Per Election for Office Sought: 81653.07
Disbursement For: [X] Primary [ ] General [ ] Other (specify)

Full Name of Payee: RED OCTOBER PRODUCTIONS
Mailing Address: 1851A MCGUCKIAN STREET
City: ANNAPOLIS, State: MD, Zip Code: 21401
Purpose of Expenditure: PRODUCTION COST: VIDEO
Category/Type:
Date of Public Distribution/Dissemination: 02/15/2022
Amount: 41553.95
Transaction ID: SE.4187
Date of Disbursement or Obligation: 02/16/2022

Name of Federal Candidate: WALKER, HERSCHEL, ,
Support: [X] Oppose: [ ]
Office Sought: [ ] House [X] Senate [ ]
State: GA
Calendar Year-To-Date Per Election for Office Sought: 187207.02
Disbursement For: [X] Primary [ ] General [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 72803.95
(b) SUBTOTAL of Unitemized Independent Expenditures:
(c) TOTAL Independent Expenditures:

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

GANTT, CHARLES, , [Electronically Filed]
Signature Date: 07/06/2022



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
34N22, INC.
FEC IDENTIFICATION NUMBER
C C00789339

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

Full Name of Payee
STRATEGIC PARTNERS & MEDIA, LLC
Mailing Address
1851A MCGUCKIAN ST
City
ANNAPOLIS State
MD Zip Code
21401
Purpose of Expenditure
PLACED MEDIA: OUTDOOR ADVERTISING
Category/Type
Date of Public Distribution/Dissemination
01 / 17 / 2022
Amount
48903.07
Transaction ID : SE.4137
Date of Disbursement or Obligation
01 / 12 / 2022

Name of Federal Candidate:
WARNOCK, RAPHAEL, ,
Support Oppose
Office Sought:
House Senate State: GA
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
STRATEGIC PARTNERS & MEDIA, LLC
Mailing Address
1851A MCGUCKIAN ST
City
ANNAPOLIS State
MD Zip Code
21401
Purpose of Expenditure
PRODUCTION COST: OUTDOOR ADVERTISING
Category/Type
Date of Public Distribution/Dissemination
01 / 17 / 2022
Amount
1500.00
Transaction ID : SE.4138
Date of Disbursement or Obligation
01 / 12 / 2022

Name of Federal Candidate:
WARNOCK, RAPHAEL, ,
Support Oppose
Office Sought:
House Senate State: GA
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
50403.07
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

GANTT, CHARLES, ,

[Electronically Filed]

Date 07 / 06 / 2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
34N22, INC.
FEC IDENTIFICATION NUMBER
C C00789339

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

Full Name of Payee
STRATEGIC PARTNERS & MEDIA, LLC
Mailing Address
1851A MCGUCKIAN ST
City
ANNAPOLIS State
MD Zip Code
21401
Purpose of Expenditure
DIGITAL ADVERTISING
Category/Type
Amount
60000.00
Transaction ID : SE.4180
Date of Disbursement or Obligation
02 / 11 / 2022

Name of Federal Candidate:
WALKER, HERSCHEL, ,
Support Oppose
Office Sought:
House Senate
District: State: GA
Calendar Year-To-Date
Per Election for Office Sought
141653.07
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Support Oppose
Office Sought:
House Senate
District: State:
Calendar Year-To-Date
Per Election for Office Sought
Disbursement For:
Primary General
Other (specify)

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures 60000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 195207.02

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

GANTT, CHARLES, ,

[Electronically Filed]

Date

07 / 06 / 2022

Signature