PAGE 1 / 11

## **FEC** FORM 3X

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

| TORWI 5X                                                  | For Other       | Than An Au                             | thorized          | Committ                     | ee              |                 | Office U        | se Only            |                                             |
|-----------------------------------------------------------|-----------------|----------------------------------------|-------------------|-----------------------------|-----------------|-----------------|-----------------|--------------------|---------------------------------------------|
| NAME OF COMMITTEE (in full)                               | TYPE OR         | PRINT ▼                                |                   | nple: If typi<br>the lines. | ng, type        | 12FE            | E4M5            |                    |                                             |
| Prosperity Action Inc.                                    |                 |                                        | 1 1 1             |                             |                 | 1 1 1           | 1 1 1 1         |                    | 1                                           |
|                                                           |                 |                                        |                   |                             |                 |                 |                 |                    |                                             |
|                                                           |                 |                                        |                   |                             |                 |                 |                 |                    |                                             |
| ADDRESS (number and street)                               | 101 S M         | ain St Ste 300                         |                   |                             |                 |                 |                 |                    |                                             |
| Check if different                                        |                 |                                        |                   |                             |                 |                 |                 |                    |                                             |
| than previously reported. (ACC)                           | Janesvil        | le                                     |                   |                             |                 | WI              | 5354            | 5 –                |                                             |
| 2. FEC IDENTIFICATION N                                   | UMBER ▼         | Cl                                     | TY 🛦              |                             |                 | STATE A         | ,               | ZIP COD            | DE 🛦                                        |
| C C00377689                                               |                 |                                        | IS THIS<br>REPORT |                             | NEW<br>(N) OR   | x               | AMENDED<br>(A)  |                    |                                             |
| 4. TYPE OF REPORT (Choose One)                            | (b) Moi<br>Rep  |                                        | o 20 (M2)         | ×                           | May 20 (M5)     |                 | Aug 20 (M8)     |                    | Nov 20 (M11)<br>(Non-Election<br>Year Only) |
| (a) Quarterly Reports:                                    |                 | Ma                                     | r 20 (M3)         |                             | Jun 20 (M6)     | 빌               | Sep 20 (M9)     |                    | Dec 20 (M12)<br>(Non-Election<br>Year Only) |
| April 15<br>Quarterly Report (                            | (Q1) (Q1)       |                                        | r 20 (M4)         |                             | Jul 20 (M7)     | <del>-   </del> | Oct 20 (M10)    |                    | Jan 31 (YE)                                 |
| July 15<br>Quarterly Report (                             | (Q2) (c)        | 12-Day PRE-Election                    | H                 | Primary (12I                |                 | =               | neral (12G)     | Ш                  | Runoff (12R)                                |
| October 15<br>Quarterly Report (                          | (Q3)            | Report for the:                        | П                 | Convention                  | (120)           |                 | ecial (12S)     |                    |                                             |
| January 31<br>Year-End Report (                           | (YE)            | Electi                                 | on on             | M = M /                     | D   D /         | Y               |                 | in the<br>State of |                                             |
| July 31 Mid-Year<br>Report (Non-electi<br>Year Only) (MY) |                 | 30-Day  POST-Election  Report for the: |                   | General (30                 | G)              | Rur             | noff (30R)      |                    | Special (30S)                               |
| Termination Report (TER)                                  | rt              | Electi                                 | on on             | M M /                       | D D /           | Y               | Y               | in the<br>State of |                                             |
| 5. Covering Period                                        | M / D 01        | 2022                                   | Y                 | through                     | 04              | 30              | 20              | 22                 |                                             |
| I certify that I have examined to                         |                 |                                        | f my know         | ledge and                   | belief it is tr | ue, correc      | ct and comple   | te.                |                                             |
| Type or Print Name of Treasur                             | Mair, Pa<br>rer | ul, , ,                                |                   |                             |                 |                 |                 |                    |                                             |
| Signature of Treasurer                                    | ir, Paul, , ,   |                                        | <u>[</u> .        | Electronicali               | ly Filed]       | Date            | M M / D         | D /                | 2022                                        |
| NOTE: Submission of false, erro                           | neous, or inc   | omplete informatio                     | on may sub        | ject the per                | son signing     | this Repor      | t to the penalt | es of 52           | J.S.C. § 30109                              |
| Office<br>Use                                             |                 |                                        |                   |                             |                 |                 |                 | FORI<br>Rev. 05/20 |                                             |

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Prosperity Action Inc. 01 2022 04 30 2022 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 464204.30 January 1, 2022 (b) Cash on Hand at 334068.72 Beginning of Reporting Period..... 2006.29 43927.61 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 508131.91 336075.01 6(a) and 6(c) for Column B)..... 15728.57 187785.47 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 320346.44 320346.44 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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

| FEC Form 3X (Rev. 05/2016)   | of Receipts | Page 3 |
|------------------------------|-------------|--------|
| Write or Type Committee Name |             |        |
| Prosperity Action Inc.       |             |        |

| 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00 | 500.00<br>0.00<br>500.00<br>0.00<br>500.00<br>0.00<br>0.00 |
|--------------------------------------------------------------|------------------------------------------------------------|
| 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00                 | 0.00<br>500.00<br>0.00<br>0.00<br>500.00<br>0.00           |
| 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00                 | 0.00<br>500.00<br>0.00<br>0.00<br>500.00<br>0.00           |
| 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00                 | 0.00<br>500.00<br>0.00<br>0.00<br>500.00<br>0.00           |
| 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00                 | 500.00<br>0.00<br>500.00<br>0.00                           |
| 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00                 | 500.00<br>0.00<br>500.00<br>0.00                           |
| 0.00<br>0.00<br>0.00<br>0.00<br>0.00                         | 0.00<br>0.00<br>500.00<br>0.00<br>0.00                     |
| 0.00<br>0.00<br>0.00<br>0.00                                 | 0.00<br>500.00<br>0.00<br>0.00                             |
| 0.00<br>0.00<br>0.00<br>0.00                                 | 0.00<br>500.00<br>0.00<br>0.00                             |
| 0.00<br>0.00<br>0.00                                         | 0.00<br>0.00<br>0.00                                       |
| 0.00<br>0.00<br>0.00                                         | 0.00<br>0.00<br>0.00                                       |
| 0.00                                                         | 0.00                                                       |
| 0.00                                                         | 0.00                                                       |
| 0.00                                                         | 0.00                                                       |
| 0.00                                                         | 0.00                                                       |
| 0.00                                                         | 0.00                                                       |
| 0.00                                                         | 0.00                                                       |
|                                                              |                                                            |
|                                                              |                                                            |
| 0.00                                                         | 0.00                                                       |
| 0.00                                                         | 0.00                                                       |
| 0.00                                                         | 0.00                                                       |
|                                                              | 45 45 45                                                   |
|                                                              |                                                            |
| 0000.00                                                      | 0000.00                                                    |
| 2000.00                                                      | 2000.00                                                    |
| 0.00                                                         | 41427.61                                                   |
| 6.29                                                         | 41427.01                                                   |
|                                                              |                                                            |
| 0.00                                                         | 0.00                                                       |
| 4 4                                                          |                                                            |
| 0.00                                                         | 0.00                                                       |
|                                                              |                                                            |
| 0.00                                                         | 0.00                                                       |
| 4                                                            | 45 45                                                      |
|                                                              |                                                            |
|                                                              |                                                            |
| 2006.20                                                      | 43927.61                                                   |
| 2006.29                                                      | 43927.61                                                   |
|                                                              |                                                            |
| 2006.29                                                      | 43927.61                                                   |
|                                                              | 0.00                                                       |

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements                                                                                                             | COLUMN A<br>Total This Period | COLUMN B Calendar Year-to-Date |  |  |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------|--|--|
| <ul> <li>Operating Expenditures: –</li> <li>(a) Allocated Federal/Non-Federal</li> <li>Activity (from Schedule H4)</li> </ul> |                               | Caronaa Tour to Date           |  |  |
| (i) Federal Share                                                                                                             | 0.00                          | 0.00                           |  |  |
| (ii) Non-Federal Share                                                                                                        | 0.00                          | 0.00                           |  |  |
| (b) Other Federal Operating                                                                                                   | 4 4 4                         | 400705 47                      |  |  |
| Expenditures(c) Total Operating Expenditures                                                                                  | 13728.57                      | 122785.47                      |  |  |
| (add 21(a)(i), (a)(ii), and (b))▶                                                                                             | 13728.57                      | 122785.47                      |  |  |
| Transfers to Affiliated/Other Party Committees                                                                                | 0.00                          | 0.00                           |  |  |
| Contributions to Federal Candidates/Committees and Other Political Committees                                                 | 2000.00                       | 65000.00                       |  |  |
| Independent Expenditures                                                                                                      |                               | 4 4                            |  |  |
| (use Schedule E)                                                                                                              | 0.00                          | 0.00                           |  |  |
| (use Schedule F)                                                                                                              | 0.00                          | 0.00                           |  |  |
| Loan Repayments Made                                                                                                          | 0.00                          | 0.00                           |  |  |
| Loans MadeRefunds of Contributions To:                                                                                        | 0.00                          | 0.00                           |  |  |
| (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                           |  |  |
| Other Disbursements (Including                                                                                                | 7 7 7                         | 4 4                            |  |  |
| Non-Federal Donations)                                                                                                        | 0.00                          | 0.00                           |  |  |
| 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(b) Federal Election Activity Paid                                                                          | 0.00                          | 0.00                           |  |  |
| Entirely With Federal Funds                                                                                                   | 0.00                          | 0.00                           |  |  |
| Lines 30(a)(i), 30(a)(ii) and 30(b))                                                                                          | 0.00                          | 0.00                           |  |  |
| Total Disbursements (add Lines 21(c), 22,                                                                                     |                               |                                |  |  |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c))                                                                                      | 15728.57                      | 187785.47                      |  |  |
| Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)                                                       |                               |                                |  |  |
| from Line 31)                                                                                                                 | 15728.57                      | 187785.47                      |  |  |

### **DETAILED SUMMARY PAGE**

of Disbursements

| FEC Form 3X (Rev. 05/2016)                                                   | of Disbursements              | Page 5                            |
|------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| III. Net Contributions/<br>Operating Expenditures                            | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
| 33. Total Contributions (other than loans) (from Line 11(d), page 3)         | 0.00                          | 500.00                            |
| 34. Total Contribution Refunds (from Line 28(d))                             | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33)     | 0.00                          | 500.00                            |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 13728.57                      | 122785.47                         |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)               | 13728.57                      | 122785.47                         |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS                                                                                                                                                                                                         |               | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 6 OF 11 (check only one)  11a 11b 11c 12 13 14 15 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Any information copied from such Reports and St or for commercial purposes, other than using the                                                                                                                                                  |               |                                                                         | erson for the purpose of soliciting contributions                       |
| NAME OF COMMITTEE (In Full) Prosperity Action Inc.                                                                                                                                                                                                |               |                                                                         |                                                                         |
| Full Name of Individual (Last, First, Middle Initi  KINZINGER FOR CONGRESS  Mailing Address PO BOX 2365  City OTTAWA  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For: Primary General | State IL Co.  | Zip Code 61350  0458877  upation (for Individual)  Year-to-Date ▼       | Date of Receipt    M                                                    |
| Other (specify) ▼  Full Name of Individual (Last, First, Middle Initi  3.                                                                                                                                                                         | al) or Full C | 2000.00<br>Organization Name                                            | Date of Receipt                                                         |
| Mailing Address  City                                                                                                                                                                                                                             | State         | Zip Code                                                                | Amount of Each Receipt this Period                                      |
| FEC ID number of contributing federal political committee.  Name of Employer (for Individual)                                                                                                                                                     | C             | upation (for Individual)                                                | Memo Item                                                               |
| Receipt For:  Primary General  Other (specify) ▼                                                                                                                                                                                                  | Aggregate     | Year-to-Date ▼                                                          |                                                                         |
| Full Name of Individual (Last, First, Middle Initi  Mailing Address                                                                                                                                                                               | al) or Full C | Organization Name                                                       | Date of Receipt                                                         |
| City  FEC ID number of contributing                                                                                                                                                                                                               | State         | Zip Code                                                                | Amount of Each Receipt this Period                                      |
| federal political committee.  Name of Employer (for Individual)                                                                                                                                                                                   |               | upation (for Individual)                                                | Memo Item                                                               |
| Receipt For: Primary General Other (specify)                                                                                                                                                                                                      | Aggregate     | Year-to-Date ▼                                                          |                                                                         |
| SUBTOTAL of Receipts This Page (optional)                                                                                                                                                                                                         |               |                                                                         | 2000.00                                                                 |

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

2000.00

# ľ

| SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS                                                          |                               | arate schedule(s) category of the | FOR LINE (check only     | y one)                                                               |  |  |
|----------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|--------------------------|----------------------------------------------------------------------|--|--|
|                                                                                                          |                               | Summary Page                      | <b>X</b> 21b 28a         | 22 23 26 27<br>28b 28c 29 30b                                        |  |  |
| Any information copied from such Reports and Stat<br>or for commercial purposes, other than using the na |                               |                                   |                          |                                                                      |  |  |
| NAME OF COMMITTEE (In Full)                                                                              |                               | <u> </u>                          |                          |                                                                      |  |  |
| Prosperity Action Inc.                                                                                   |                               |                                   |                          |                                                                      |  |  |
| Full Name (Last, First, Middle Initial)  A. ONE PARKER PLACE LLP                                         |                               |                                   |                          | Date of Disbursement                                                 |  |  |
| Mailing Address PO BOX 8246                                                                              | 04 01 2022                    |                                   |                          |                                                                      |  |  |
| City<br>JANESVILLE                                                                                       | State<br>WI                   | Zip Code<br>53547                 |                          | FEC Identification Number                                            |  |  |
| Purpose of Disbursement OFFICE RENT                                                                      |                               |                                   | 001                      | Transaction ID : SB21B.I29278                                        |  |  |
| Candidate Name                                                                                           |                               |                                   | Category/<br>Type        | Amount of Each Disbursement this Period                              |  |  |
| Office Sought: House Disburs  Senate  President                                                          | Senate Primary General        |                                   |                          | 793.91                                                               |  |  |
| State: District:                                                                                         |                               | -, ,                              |                          | Memo Item                                                            |  |  |
| B. JACOBSON, SUSAN, , ,                                                                                  |                               |                                   |                          | Date of Disbursement                                                 |  |  |
| Mailing Address 3382 AUTUMN LANE                                                                         |                               |                                   |                          | 04 05 2022                                                           |  |  |
| City<br>JANESVILLE                                                                                       | State<br>WI                   | Zip Code<br>53546-4370            |                          | FEC Identification Number                                            |  |  |
| Purpose of Disbursement SALARY                                                                           |                               |                                   | 001                      | C Transaction ID : SB21B.I29287                                      |  |  |
| Candidate Name                                                                                           |                               | ,                                 | Category/<br>Type        | Amount of Each Disbursement this Period                              |  |  |
| Office Sought: House Disburs Senate President                                                            | ement For: Primary Other (spe | General cify)                     |                          | 717.25  Memo Item                                                    |  |  |
| State: District:                                                                                         | _                             |                                   |                          | Welle tell                                                           |  |  |
| Full Name (Last, First, Middle Initial)  C. SEIFERT, KEVIN, , ,                                          |                               |                                   |                          | Date of Disbursement                                                 |  |  |
| Mailing Address 1391 PENNSYLVANIA AVE SE                                                                 | <del>#</del> 325              |                                   |                          | 04 05 2022                                                           |  |  |
| City<br>WASHINGTON                                                                                       | State<br>DC                   | Zip Code<br>20003                 |                          | FEC Identification Number                                            |  |  |
| Purpose of Disbursement SALARY Candidate Name                                                            |                               |                                   | 001<br>Category/<br>Type | Transaction ID : SB21B.I2928 Amount of Each Disbursement this Period |  |  |
| Senate                                                                                                   | ement For: Primary            | General                           |                          | 5068.05                                                              |  |  |
| State: District:                                                                                         | Other (spe                    | cify) ▼                           |                          | Memo Item                                                            |  |  |
| SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only       |                               |                                   |                          | 6579.21                                                              |  |  |

# ľ

| SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS                                                       |                                | arate schedule(s)                              | FOR LINE NUMBER: PAGE 8 OF (check only one) |                                                                      |  |  |
|-------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------|--|--|
| II LIVIIZED DISBURSEIVIEN IS                                                                          |                                | for each category of the Detailed Summary Page |                                             | 22 23 26 27<br>28b 28c 29 30b                                        |  |  |
| Any information copied from such Reports and Stat or for commercial purposes, other than using the na |                                |                                                |                                             |                                                                      |  |  |
| NAME OF COMMITTEE (In Full) Prosperity Action Inc.                                                    |                                |                                                |                                             |                                                                      |  |  |
| Full Name (Last, First, Middle Initial)  A. SUMMIT ACCOUNTING GROUP                                   |                                | Date of Disbursement                           |                                             |                                                                      |  |  |
| Mailing Address 464 MIDLAND ROAD                                                                      | 04 05 2022                     |                                                |                                             |                                                                      |  |  |
| City<br>JANESVILLE                                                                                    | State<br>WI                    | Zip Code<br>53546-2345                         |                                             | FEC Identification Number                                            |  |  |
| Purpose of Disbursement PAYROLL TAXES Candidate Name                                                  |                                | [                                              | 001                                         | Transaction ID : SB21B.I29288                                        |  |  |
|                                                                                                       | ement For:                     | General                                        | Category/<br>Type                           | Amount of Each Disbursement this Period 3288.10                      |  |  |
| President State: District:                                                                            | Other (spec                    |                                                |                                             | Memo Item                                                            |  |  |
| Full Name (Last, First, Middle Initial)  B. CHARTER COMMUNICATIONS  Mailing Address 5618 ODANA ROAD   |                                |                                                |                                             | Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |  |  |
| City                                                                                                  | State                          | Zip Code                                       |                                             |                                                                      |  |  |
| MADISON Purpose of Disbursement OFFICE CABLE, PHONES AND WIFI                                         | WI                             | 53719-1208                                     | 001                                         | FEC Identification Number                                            |  |  |
| Candidate Name                                                                                        |                                |                                                |                                             | Transaction ID: SB21B.I29283 Amount of Each Disbursement this Period |  |  |
| Office Sought: House Disburs Senate President State: District:                                        | ement For: Primary Other (spec | General                                        |                                             | 166.17  Memo Item                                                    |  |  |
| Full Name (Last, First, Middle Initial)  C. HOLTZMAN VOGEL JOSEFIAK                                   | PLLC                           |                                                |                                             | Date of Disbursement                                                 |  |  |
| Mailing Address 45 NORTH HILL DRIVE<br>STE. 100                                                       |                                |                                                |                                             | 04 13 2022                                                           |  |  |
| City WARRENTON Purpose of Disbursement                                                                | State<br>VA                    | Zip Code<br>20186                              |                                             | FEC Identification Number                                            |  |  |
| LEGAL CONSULTING  Candidate Name                                                                      |                                | [                                              | 001<br>Category/<br>Type                    | Transaction ID: SB21B.I2927 Amount of Each Disbursement this Period  |  |  |
| Office Sought: House Disburs Senate President                                                         | ement For: Primary Other (spec | General cify) ▼                                | ,,                                          | 2500.00 Memo Item                                                    |  |  |
| State: District:                                                                                      |                                |                                                |                                             | <u> </u>                                                             |  |  |
| SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only    |                                |                                                |                                             | 5954.27                                                              |  |  |

# ľ

| SCHEDULE B (FEC Form 3X)                                                                                |                                 | 1                | FOR LINE          | NE NUMBER: PAGE 9 OF 11                 |  |  |  |  |
|---------------------------------------------------------------------------------------------------------|---------------------------------|------------------|-------------------|-----------------------------------------|--|--|--|--|
| ITEMIZED DISBURSEMENTS                                                                                  | Use separate s for each categor |                  | (check only one)  |                                         |  |  |  |  |
|                                                                                                         | Detailed Summ                   |                  | <b>X</b> 21b 28a  | 22 23 26 27<br>28b 28c 29 30b           |  |  |  |  |
| Any information conied from such Benevice and Challenge                                                 | omente may not be               | 00ld 0" 1105 d   |                   |                                         |  |  |  |  |
| Any information copied from such Reports and Stat<br>or for commercial purposes, other than using the n |                                 |                  |                   |                                         |  |  |  |  |
| NAME OF COMMITTEE (In Full)                                                                             |                                 | <u> </u>         |                   |                                         |  |  |  |  |
| Prosperity Action Inc.                                                                                  |                                 |                  |                   |                                         |  |  |  |  |
| /                                                                                                       |                                 |                  |                   |                                         |  |  |  |  |
| Full Name (Last, First, Middle Initial)  A. SUMMIT ACCOUNTING GROUF                                     | ) INC                           |                  |                   | Date of Disbursement                    |  |  |  |  |
| GOWINIT ACCOUNTING GROUP                                                                                | M M / D D / Y Y Y Y             |                  |                   |                                         |  |  |  |  |
| Mailing Address 464 MIDLAND ROAD                                                                        | 04 13 2022                      |                  |                   |                                         |  |  |  |  |
| City                                                                                                    | Otata 7.                        | 2-4-             |                   |                                         |  |  |  |  |
| City<br>JANESVILLE                                                                                      | 1                               | Code<br>546-2345 |                   | FEC Identification Number               |  |  |  |  |
| Purpose of Disbursement                                                                                 | 1 555                           | T.               |                   | C                                       |  |  |  |  |
| PAYROLL SVC                                                                                             |                                 |                  | 001               | Transaction ID : SB21B.I2928            |  |  |  |  |
| Candidate Name                                                                                          |                                 | -                | Category/         | Amount of Each Disbursement this Period |  |  |  |  |
| Office Sought: House Disburs                                                                            | ement For:                      |                  | Type              | 155.00                                  |  |  |  |  |
| Senate                                                                                                  | Primary                         | General          |                   | 7 7                                     |  |  |  |  |
| President                                                                                               | Other (specify)                 | 7                |                   | Memo Item                               |  |  |  |  |
| State: District:                                                                                        |                                 |                  |                   |                                         |  |  |  |  |
| Full Name (Last, First, Middle Initial)  B. SUMMIT ACCOUNTING GROUF                                     | ) INIC                          |                  |                   | Date of Disbursement                    |  |  |  |  |
| - SUIVIIVITI ACCOUNTING GROUP                                                                           | INC                             |                  |                   | M M / D D / Y Y Y Y                     |  |  |  |  |
| Mailing Address 464 MIDLAND ROAD                                                                        |                                 |                  |                   | 04 13 2022                              |  |  |  |  |
| 0.1                                                                                                     | To                              | 2 1              |                   |                                         |  |  |  |  |
| City<br>JANESVILLE                                                                                      | 1                               | Code<br>546-2345 |                   | FEC Identification Number               |  |  |  |  |
| Purpose of Disbursement                                                                                 |                                 | 1 2 2 1 0        |                   | C                                       |  |  |  |  |
| ACCOUNTING SERVICES CONSULTING - TAX                                                                    | PREPARATION                     |                  | 001               | Transaction ID : SB21B.I29282           |  |  |  |  |
| Candidate Name                                                                                          |                                 |                  | Category/         | Amount of Each Disbursement this Period |  |  |  |  |
| Office Sought: House Disburs                                                                            | ement For:                      |                  | Type              | 235.00                                  |  |  |  |  |
| Senate                                                                                                  | Primary                         | General          |                   | 7 7                                     |  |  |  |  |
| President                                                                                               | Other (specify)                 |                  |                   | Memo Item                               |  |  |  |  |
| State: District:                                                                                        |                                 |                  |                   |                                         |  |  |  |  |
| Full Name (Last, First, Middle Initial)  C. VERIZON COMMUNICATIONS I                                    | NC                              |                  |                   | Date of Disbursement                    |  |  |  |  |
| VENIZON COMMUNICATIONS I                                                                                | NO.                             |                  |                   | M M / D D / Y Y Y Y                     |  |  |  |  |
| Mailing Address 1717 ARCH STREET                                                                        |                                 |                  |                   | 04 25 2022                              |  |  |  |  |
| # 47-S<br>City                                                                                          | State Zip (                     | Code             |                   |                                         |  |  |  |  |
| PHILADELPHIA                                                                                            | 1 '                             | Joae<br>103-2713 |                   | FEC Identification Number               |  |  |  |  |
| Purpose of Disbursement<br>PHONE SVC                                                                    |                                 |                  |                   | C                                       |  |  |  |  |
|                                                                                                         |                                 | L                | 001               | Transaction ID : SB21B.I2928            |  |  |  |  |
| Candidate Name                                                                                          |                                 |                  | Category/<br>Type | Amount of Each Disbursement this Period |  |  |  |  |
| Office Sought: House Disburs                                                                            | ement For:                      |                  | 1,400             | 471.05                                  |  |  |  |  |
| Senate                                                                                                  | Primary                         | General          |                   |                                         |  |  |  |  |
| President                                                                                               | Other (specify)                 | 7                |                   | Memo Item                               |  |  |  |  |
| State: District:                                                                                        |                                 |                  |                   |                                         |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional                                                           |                                 |                  |                   | 861.05                                  |  |  |  |  |
| COLUMN TITO F Ago (Optional                                                                             |                                 |                  |                   |                                         |  |  |  |  |
| TOTAL This Period (last page this line number on                                                        | y)                              |                  |                   | 1                                       |  |  |  |  |

### S 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.  ANAME OF COMMITTEE (In Full)  Prosperity Action Inc.  Full Name (Last, First, Middle Initial)  A. JOHNSON BANK  Mailing Address 1 S MAIN STREET  City JANESVILLE State WI S3545-3977  Purpose of Disbursement CREDIT CARD PAYMENT CR      | SCHEDULE B (FEC Form 3X)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                | I lloo concrete cohodulo(c) I |         |             | LINE NUMBER: PAGE 10 OF 11 |        |                          |              |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------|---------|-------------|----------------------------|--------|--------------------------|--------------|------|
| Detailed Surmary Page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ITEMIZED DISBURSEMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |                               | (Onlook | l `         |                            |        |                          |              |      |
| 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)  Prosperity Action Inc.  Full Name (Last, First, Middle Initial)  A JOHNSON BANK  Mailing Address 1 S MAIN STREET  City  JANESVILLE  Purpose of Diabursement  CREDIT CARD PAYMENT  Candidate Name  Office Sought: House  Prinary   General   FEC Identification Number  C C  Amount of Each Disbursement this Period  Type  Prinary   General   Ge       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                               |         |             |                            |        | J                        |              |      |
| 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 principle) Prosperity Action Inc.  Full Name (Last, First, Middle Initial)  A JOHNSON BANK  Mailing Address 1 S MAIN STREET  City State Will Sys49-3977  Furpose of Disbursement Will Sys49-3977  Cardidate Name  Category  Type  Transaction ID: \$8218,12928  Amount of Each Disbursement Ibis Penice  Transaction ID: \$8218,12928  Amount of Each Disbursement Ibis Penice  Transaction ID: \$8218,12928  Amount of Each Disbursement Ibis Penice  Transaction ID: \$8218,12928  Amount of Each Disbursement Ibis Penice  Transaction ID: \$8218,12928  Amount of Each Disbursement Ibis Penice  Transaction ID: \$8218,12928  Amount of Each Disbursement Ibis Penice  Transaction ID: \$8218,12928  Amount of Each Disbursement Ibis Penice  City State Zip Code  FEC Identification Number  Classification | Any information copied from such Reports and State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <br>ements_may | not be sold or us             |         |             |                            |        |                          |              | ns   |
| Prosperity Action Inc.  Full Name (Last, First, Middle Initial)  A JOHNSON BANK  Mailing Address 1 S MAIN STREET  City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | or for commercial purposes, other than using the na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |                               |         |             |                            |        |                          |              |      |
| Full Name (Last, First, Middle Initial)  A JOHNSON BANK  Mailing Address 1 S MAIN STREET  City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                               |         |             |                            |        |                          |              |      |
| A. JOHNSON BANK  Mailing Address 1 S MAIN STREET  City  JANESVILLE  Purpose of Disbursement  CREDIT CARD PAYMENT  Candidate Name  Office Sought:   House   Primary   General   Purpose of Disbursement  City  State:   District:   President  Candidate Name  Office Sought:   House   Disbursement For:   Purpose of Disbursement  Candidate Name  Office Sought:   House   Disbursement For:   Purpose of Disbursement  Candidate Name  Office Sought:   House   Disbursement For:   Purpose of Disbursement  Candidate Name  Office Sought:   House   Disbursement For:   Purpose of Disbursement  Candidate Name  Office Sought:   House   Disbursement For:   Purpose of Disbursement  Candidate Name  Office Sought:   House   Disbursement For:   Purpose of Disbursement  Candidate Name  Category/  Amount of Each Disbursement this Period    Memo Item    Memo Item    FEC Identification Number   Category/   Amount of Each Disbursement this Period    Memo Item    Fec Identification Number   Category/   Amount of Each Disbursement this Period    Memo Item    State   Disbursement   Disbursement For:     Senate   Primary   General     Other (specify)   Type    Office Sought:   House   Disbursement For:     Sanate   Primary   General     Other (specify)   Type    Memo Item    Substate   Disbursement This Page (optional)   Type   Memo Item    Substate   Disbursement This Page (optional)   Type   Memo Item   Substate   Disbursement This Page (optional)   Type   Memo Item   Date of Disbursement This Page (optional)   Type   Memo Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Prosperity Action Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |                               |         |             |                            |        |                          |              |      |
| Mailing Address 1 S MAIN STREET  City JANESVILLE Purpose of Disbursement CREDIT CARD PAYMENT Candidate Name  Office Sought: President State: District: Full Name (Last, First, Middle Initial)  B.  Mailing Address  City Purpose of Disbursement Candidate Name  Office Sought: Purpose of Disbursement Candidate Name  Office Sought: Purpose of Disbursement Candidate Name  Office Sought: President District:  Full Name (Last, First, Middle Initial)  B.  Date of Disbursement Category/ Type  Office Sought: President District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State: District:  Candidate Name  Category/ Office Sought: President Candidate Name  Category/ Office Sought: President Candidate Name  Category/ Office Sought: Purpose of Disbursement Candidate Name  Category/ Amount of Each Disbursement this Period  Category/ Amount of Each Disbursement        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                               |         | Б.          | , D                        |        |                          |              |      |
| Mailing Address 1 S MAIN STREET  City  Ci       | A. JOHNSON BANK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                               |         | Date        |                            |        |                          |              |      |
| JANESVILLE WI 53545-3977 Purpose of Disbursement CREDIT CARD PAYMENT Cardidate Name  Office Sought: House Primary General District: President District: State: District: President Cardidate Name  Category/ Type  District: President Disbursement For: General President Disbursement  Category/ Type  Date of Disbursement  Category/ Type  Date of Disbursement  Candidate Name  Category/ Type  District: Cardidate Name  Office Sought: House Senate President Disbursement For: General Disbursement  Candidate Name  District: District: President Disbursement For: General Disbursement Type  District: President Disbursement Type  Category/ Type  FEC Identification Number  Category/ Type  The president Disbursement Type  District: President Disbursement Type  District: District: Full Name (Last, First, Middle Initial)  Category/ Type  The president Disbursement Type  Disbursement  Category/ Type  The president Disbursement Type  Category/ Type  FEC Identification Number  Category/ Type  The primary General Disbursement Type  Category/ Type  The primary General Disbursement Type  The primary General Disbursement Type  Type  The primary General Disbursement Type  Type  Type  The primary General Disbursement Type  Ty       | Mailing Address 1 S MAIN STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                               |         | 04          |                            |        | / Y                      |              |      |
| CREDIT CARD PAYMENT  Candidate Name  Office Sought:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                               |         | FEC         | Identifica                 | tion N | umber                    |              |      |
| Candidate Name  Candidate Name  Category/ Office Sought:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | The second secon |                |                               |         | C           |                            |        |                          |              |      |
| Office Sought: House Senate President State: District: Senate President State: District: St      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                               | 001     | J   ""      |                            |        | -                        |              |      |
| Office Sought:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Calluluate Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                               |         | Amou        | int of Ea                  | ch Dis | Disbursement this Period |              | riod |
| State: District: Other (specify) ▼    Memo Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Office Sought: House Disburs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ement For:     | ı                             | 71      | <b>∃</b>  : | 1 20                       |        | 70.1                     | 274.04       |      |
| State: District:  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                               |         |             |                            |        |                          |              |      |
| Mailing Address  City State Zip Code FEC Identification Number  Candidate Name  Office Sought: House Senate Primary General Other (specify)  Mailing Address  City State Zip Code FEC Identification Number  Category/ Type  Office Sought: House Senate Primary General Other (specify)  Mailing Address  City State Zip Code FEC Identification Number  Candidate Name  City State Zip Code FEC Identification Number  Candidate Name  City State Zip Code FEC Identification Number  Candidate Name  City State Zip Code FEC Identification Number  Category/ Type  Office Sought: House Primary General Other (specify)   Memo Item  Substortal of Disbursement this Period  Memo Item  Substortal of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Other (sp      | ecity) $\blacktriangledown$   |         | N           | lemo Ite                   | m      |                          |              |      |
| City State Zip Code Purpose of Disbursement  Candidate Name  Office Sought: House Senate President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought: House Senate Primary General Other (specify)  State Zip Code  FEC Identification Number  Category/ Type  Category/ Type  Category/ Type  Office Sought: House Senate Primary General Other (specify)  Senate Primary General Other (specify)  State: District:  SubstortAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |                               |         |             |                            |        |                          |              |      |
| City Purpose of Disbursement Candidate Name  Category/ Office Sought: House Senate Primary General Other (specify)  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Purpose of Disbursement  Category/ Type  Memo Item  FEC Identification Number  Category/ Memo Item  FEC Identification Number  Category/ Type  Memo Item  State: Disbursement  Category/ Type  Office Sought: House Senate Primary General Other (specify) ■ Memo Item  Substate: District: Memo Item  Substate: Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | В.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                               |         | Date        | of Disbu                   | rseme  | nt                       |              |      |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                               |         | М =         | M / [                      | D      | / Y                      | Y            | 1    |
| Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Primary General District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code Purpose of Disbursement  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)   Memo Item  FEC Identification Number  Category/ Type  Memo Item  Substitution Number  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)   Memo Item  Substitution Number  Category/ Type  Memo Item  Substitution Number  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)   Memo Item  Substitution Number  Category/ Type  Amount of Each Disbursement this Period  Memo Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                               |         |             |                            |        |                          |              |      |
| Candidate Name  Category/ Type  Office Sought:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State          | Zip Code                      |         | FEC         | Identifica                 | tion N | umber                    |              |      |
| Candidate Name  Office Sought: House Senate Primary General Other (specify)  State: District: Memo Item  Tall Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code FEC Identification Number  Candidate Name  Category/ Type  Categor       | Purpose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |                               |         | C           |                            | -      |                          | -            |      |
| Office Sought: House Senate Primary General Other (specify)  State: District: Memo Item  Date of Disbursement  City State Zip Code Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought: House Senate Primary General Other (specify)  Office Sought: House Disbursement For: Senate Primary General Other (specify)  Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District: Memo Item  FEC Identification Number  Category/ Type  Memo Item  Substitute Substitute State: District: Memo Item  FEC Identification Number  Category/ Type  Memo Item  Substitute Substitute State: District: Memo Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                               |         |             |                            |        |                          |              |      |
| Office Sought:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Candidate Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                               |         | Amou        | ınt of Ea                  | ch Dis | burseme                  | ent this Per | riod |
| State: District: Other (specify)  Memo Item  Date of Disbursement  Mailing Address  City State Zip Code FEC Identification Number  Candidate Name Category/ Type  Office Sought: House Primary General Other (specify)   State: District: Memo Item  State: Disbursement For: Senate Primary General Other (specify)   State: District: Memo Item  274.04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Office Sought: House Disburs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ement For:     |                               | Туре    | - F         |                            |        |                          |              | П    |
| State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  State  Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought:  House  President  State:  District:  Date of Disbursement  FEC Identification Number  Category/ Type  Amount of Each Disbursement this Period  Memo Item  Subtrotal of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,              |                               |         |             |                            |        | 7                        | - 4-         | _    |
| Full Name (Last, First, Middle Initial)  Date of Disbursement  City  State  Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought:  House Senate President State:  District:  Substrict:  District:  District:  District:  Date of Disbursement  FEC Identification Number  Category/ Type  Amount of Each Disbursement this Period  Memo Item  274.04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Other (sp      | ecify)                        |         | N           | lemo Ite                   | m      |                          |              |      |
| City State Zip Code FEC Identification Number  Candidate Name Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Subtotal of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                               |         |             |                            |        |                          |              |      |
| City State Zip Code FEC Identification Number  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Substotal Of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                               |         | Date        | of Disbu                   | rseme  | nt                       |              |      |
| City State Zip Code FEC Identification Number  Candidate Name Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  State: District: Memo Item  Subtraction Number  Category/ Type  Amount of Each Disbursement this Period  Memo Item  274.04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                               |         | M           | M / [                      | D      | / Y                      | Y Y Y        | 1    |
| Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President State: District:  Substitute of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                               |         |             |                            |        |                          |              | -    |
| Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Substrict: Memo Item  274.04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State          | Zip Code                      |         | FEC         | Identifica                 | tion N | umber                    |              |      |
| Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  Substrict: Memo Item  274.04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Purpose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |                               |         |             |                            | -      |                          | -            |      |
| Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                               |         |             |                            | -      |                          | -            |      |
| Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Candidate Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                               |         | Amou        | int of Ea                  | ch Dis | burseme                  | ent this Per | riod |
| State: Other (specify)   Substrict: Memo Item  274.04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Office Sought: House Disburs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ement For:     |                               | rype    | -           |                            |        |                          |              |      |
| State: District:  SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                               |         |             | - 4                        |        | 7                        | - 4          |      |
| SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Other (sp      | ecify) $\blacktriangledown$   |         | N           | lemo Ite                   | m      |                          |              |      |
| A2000 E7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | State. District.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                               |         |             | -                          | -      |                          |              | _    |
| TOTAL This Paried (feet page this line purpley only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | )              |                               |         | . L.        |                            |        | 7                        | 274.04       |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TOTAL This Baried (lead 11)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | L.A            |                               |         |             |                            |        |                          | 13668.57     | 可    |

| SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS                                                         | for each                            | arate schedule(s)<br>category of the<br>Summary Page | FOR LINE (check only 21b 28a | 22 🗶 23 🔲 26 🔲 27                               |  |  |  |
|---------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------|------------------------------|-------------------------------------------------|--|--|--|
| Any information copied from such Reports and State or for commercial purposes, other than using the nar |                                     |                                                      | by any person                | on for the purpose of soliciting contributions  |  |  |  |
| Prosperity Action Inc.                                                                                  |                                     |                                                      |                              |                                                 |  |  |  |
| Full Name (Last, First, Middle Initial)  A. CATHY MCMORRIS RODGERS F                                    | OR CO                               | NGRESS                                               |                              | Date of Disbursement                            |  |  |  |
| Mailing Address 32 EAST 25TH                                                                            |                                     |                                                      |                              | 04 13 2022                                      |  |  |  |
| SPOKANE                                                                                                 | State<br>WA                         | Zip Code<br>99203                                    |                              | FEC Identification Number                       |  |  |  |
| Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name                                           |                                     |                                                      | 011                          | C C00390476  Transaction ID : SB23.l29280       |  |  |  |
| MCMORRIS RODGERS, CATHY,                                                                                | ,,<br>ment For: 2                   | 2022                                                 | Category/<br>Type            | Amount of Each Disbursement this Period 2000.00 |  |  |  |
| Senate President                                                                                        | Senate                              |                                                      |                              |                                                 |  |  |  |
| State: WA District: 05  Full Name (Last, First, Middle Initial)  3.                                     |                                     | PRIMARY                                              |                              | Date of Disbursement                            |  |  |  |
| Mailing Address                                                                                         |                                     |                                                      |                              | M = M / D = D / Y = Y = Y                       |  |  |  |
| City                                                                                                    | State                               | Zip Code                                             |                              | FEC Identification Number                       |  |  |  |
| Purpose of Disbursement                                                                                 |                                     | <u> </u>                                             |                              | С                                               |  |  |  |
| Candidate Name                                                                                          |                                     |                                                      | Category/<br>Type            | Amount of Each Disbursement this Period         |  |  |  |
| Office Sought: House Disburse Senate President                                                          | ment For:<br>Primary<br>Other (spec | General Cify)                                        |                              | Memo Item                                       |  |  |  |
| State: District:  Full Name (Last, First, Middle Initial)                                               |                                     |                                                      |                              | Wellio Itelli                                   |  |  |  |
| C.                                                                                                      |                                     |                                                      |                              | Date of Disbursement                            |  |  |  |
| Mailing Address                                                                                         |                                     |                                                      |                              |                                                 |  |  |  |
| City                                                                                                    | State                               | Zip Code                                             |                              | FEC Identification Number                       |  |  |  |
| Purpose of Disbursement  Candidate Name                                                                 |                                     |                                                      | Category/                    | C  Amount of Each Disbursement this Period      |  |  |  |
| Office Sought: House Disburse                                                                           | ment For:                           |                                                      | Type                         |                                                 |  |  |  |
| Senate President                                                                                        | Primary<br>Other (spec              | General cify) ▼                                      |                              | Memo Item                                       |  |  |  |
| State: District:                                                                                        |                                     |                                                      |                              |                                                 |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)                                                          |                                     |                                                      | ······•                      | 2000.00                                         |  |  |  |
| TOTAL This Period (last page this line number only                                                      | )                                   |                                                      | ·····•                       | 2000.00                                         |  |  |  |