

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

MAKING A DIFFERENCE IN SERVICE TO OUR NATION

ADDRESS (number and street) 3103 JULIAN GLEN CR

Check if different than previously reported. (ACC)

WAXHAW

NC

28173

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00753863

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On:
- Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)
  - Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
  - Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)  General (12G)  Runoff (12R)
  - Convention (12C)  Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] through [MM] / [DD] / [YYYY]

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

Kelley, Jinger, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Kelley, Jinger, , ,

[Electronically Filed]

Date

[MM] / [DD] / [YYYY] 07 / 27 / 2021

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

Office Use Only

FEC FORM 3X Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**MAKING A DIFFERENCE IN SERVICE TO OUR NATION**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>		11933.83
(b) Cash on Hand at Beginning of Reporting Period.....	11933.83	
(c) Total Receipts (from Line 19) .....	31624.46	31624.46
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	43558.29	43558.29
7. Total Disbursements (from Line 31).....	3335.00	3335.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	40223.29	40223.29
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

MAKING A DIFFERENCE IN SERVICE TO OUR NATION

Report Covering the Period: From: 01 / 01 / 2021 To: 06 / 30 / 2021

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	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 Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	31624.46	31624.46
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	31624.46	31624.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	31624.46	31624.46

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	435.00	435.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	435.00	435.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2900.00	2900.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3335.00	3335.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3335.00	3335.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	0.00
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	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	435.00	435.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	435.00	435.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 10
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**MAKING A DIFFERENCE IN SERVICE TO OUR NATION**

**A. CAWTHORN TRIUMPH COMMITTEE**

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

Mailing Address 3103 JULIAN GLEN CIR

City WAXHAW	State NC	Zip Code 28173
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00771402

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
31624.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

**Transaction ID : SA12.4150**

Amount of Each Receipt this Period  
31624.46

Memo Item

**B. CLINE, DALE, , ,**

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

Mailing Address 870 18TH AVE CT NW

City HICKORY	State NC	Zip Code 28601
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DALE K CLINE CPS PLLC	Occupation (for Individual) CPA
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2021

**Transaction ID : SA12.4150.0**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. CLINE, BRENDA, , ,**

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

Mailing Address 870 18TH AVE CT NW

City HICKORY	State NC	Zip Code 28601
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2021

**Transaction ID : SA12.4150.1**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	31624.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 10
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MAKING A DIFFERENCE IN SERVICE TO OUR NATION**

**A. HUFSTETLER, STEVE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6200 DILLON RD

City THOMASVILLE	State GA	Zip Code 31757
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) TERAMORE DEVELOPMENT LLC	Occupation (for Individual) PRESIDENT
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2021

**Transaction ID : SA12.4150.2**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address 6200 DILLON RD

City THOMASVILLE	State GA	Zip Code 31757
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2021

**Transaction ID : SA12.4150.3**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address 2210 ROSWELL AVE

City CHARLOTTE	State NC	Zip Code 28207
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2021

**Transaction ID : SA12.4150.4**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 10
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MAKING A DIFFERENCE IN SERVICE TO OUR NATION**

**A. FIELDS, JULIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2210 ROSWELL AVE  
 City CHARLOTTE State NC Zip Code 28207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2021  
**Transaction ID : SA12.4150.5**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**B. TREW, DWIGHT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 KNIGHTSBRIDGE LN  
 City HILTON HEAD State SC Zip Code 29928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CORAL RESORTS Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2021  
**Transaction ID : SA12.4150.6**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**C. TREW, JUDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 KNIGHTSBRIDGE LN  
 City HILTON HEAD State SC Zip Code 29928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) NON-PROFIT MGMT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2021  
**Transaction ID : SA12.4150.7**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	31624.46



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MAKING A DIFFERENCE IN SERVICE TO OUR NATION**

Full Name (Last, First, Middle Initial)

### A. J-Books Services

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2021

Mailing Address 3103 Julian Glen Circle

FEC Identification Number

**C** C00753863

**Transaction ID : SB21B.4145**

Amount of Each Disbursement this Period

300.00

Memo Item

City Waxhaw State NC Zip Code 28173

Purpose of Disbursement Reporting

**001**  
Category/  
Type

Candidate Name  
**MAKING A DIFFERENCE IN SERVICE TO OUR NATION**

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

State: District:

Full Name (Last, First, Middle Initial)

### B.

Date of Disbursement

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

Mailing Address

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

State: District:

Full Name (Last, First, Middle Initial)

### C.

Date of Disbursement

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

Mailing Address

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

State: District:

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

300.00

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

300.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MAKING A DIFFERENCE IN SERVICE TO OUR NATION**

**A. VIRGINIA FOXX FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
BOONE

Mailing Address PO BOX 2676

City BOONE State NC Zip Code 28607

Purpose of Disbursement

Candidate Name  
**MAKING A DIFFERENCE IN SERVICE TO OUR NATION**

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

State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 02 / 2021

FEC Identification Number  
C 000753863  
**Transaction ID : SB23.4140**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

**B. VIRGINIA FOXX FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
BOONE

Mailing Address PO BOX 2676

City BOONE State NC Zip Code 28607

Purpose of Disbursement

Candidate Name  
**MAKING A DIFFERENCE IN SERVICE TO OUR NATION**

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

State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 26 / 2021

FEC Identification Number  
C 000753863  
**Transaction ID : SB23.4142**  
Amount of Each Disbursement this Period  
1900.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2900.00